

## How to File a Claim

1. Complete boxes 1 – 23.
2. Please ensure box 15 contains your member number as it appears on your ID card.
3. Be sure to sign the authorization to release information in box 36.
4. If you wish to have your benefits paid directly to your dentist, sign box 37.
5. Ask your dentist to complete boxes 24 – 58, or attach an original itemized billing from the dentist on his/her letterhead or approved ADA claim form that includes all information requested in boxes 24 – 58.
6. Attach all related Explanation of Benefits statements for other coverage if applicable.
7. Please keep copies of your bills prior to sending the originals with this claim. Services that are denied for payment will be noted on your Explanation of Benefits. No bills are returned to you even if they are denied for payment.
8. Send completed claim form to:

Dental Claims Department  
P.O. Box 1047  
Elk Grove Village, IL 60009-1047

**NOTE:** Subscriber submitted claim forms should be submitted within 90 days of the date of service. Claims which cannot be identified due to incomplete subscriber information will be returned.

### How to Reach Us

Phone: 1-866-445-4981  
Monday - Friday, 8:00 am - 8:00 pm EST

**FRAUD NOTICE:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.



## **Section 1557 Notification: Discrimination is Against the Law**

FHCP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHCP Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FHCP Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

- FHCP Medicare: 1-833-866-6559

If you believe that FHCP Medicare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

FHCP Medicare  
Civil Rights Coordinator  
PO Box 9910  
Daytona Beach, FL 32120-0910  
Phone: 1-844-219-6137  
TTY: 1-800-955-8770  
Fax: 386-676-7149  
Email: [rights@fhcp.com](mailto:rights@fhcp.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-833-866-6559**. (TTY: **1-800-955-8770**)

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-866-6559** (TTY: **1-800-955-8770**).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-866-6559** (TTY: **1-800-955-8770**).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-866-6559** (TTY: **1-800-955-8770**).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-833-866-6559** (TTY: **1-800-955-8770**).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-866-6559** (TTY: **1-800-955-8770**)

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-866-6559** (ATS : **1-800-955-8770**).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-866-6559** (TTY: **1-800-955-8770**).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-866-6559** (телетайп: **1-800-955-8770**).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-866-6559 (رقم هاتف الصم والبكم: 1-800-955-8770).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-833-866-6559** (TTY: **1-800-955-8770**).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-833-866-6559** (TTY: **1-800-955-8770**).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-833-866-6559** (TTY: **1-800-955-8770**)번으로 전화해 주십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-866-6559** (TTY: **1-800-955-8770**).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-833-866-6559** (TTY: **1-800-955-8770**).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-833-866-6559** (TTY: **1-800-955-8770**).