

One Delta Drive Mechanicsburg, PA 17055-6999 SIGN BELOW FOR PREDETERMINATION * OR PAYMENT **

STAPLE X-RAYS TO FORM

(717) 766-8500 (800) 932-07	83 (TTY/TDD	888-37	73-3582)				11								
1. PATIENT NAME			-	2. RELATIONSHIP T SELF SPOUSE		3. SEX M F	IMPORTANT 4. PATIENT BIRTHDATE MO. DAY YEAR		S. IF FULL TIME STU		VER 19 YEARS OF HOOL	AGE, GIVE	CITY		
6. EMPLOYEE/ SUBSCRIBER NAME EMPLOYEE HOME ADDRESS CITY, STATE ZIP 10. GROUP NUMBER ANOTHER DEN COMPLETE ITE THROUGH 15 14. NAME AND ADDR	LAST FIRST MIDDLE INT.								7, EMPLOYEE SOCIAL SECURITY NUMBER OR 1 OR 2						
8. EMPLOYEE HOME ADDRESS									y) NAME AND ADD		ers' I.	II #8	1000	3	
									d Stre				OR	. 4	
CITY, STATE ZIP	01					ZIP (100000000000000000000000000000000000000		NY 12		6		OR	6	
10, GROUP NUMBER IF PATIENT COV ANOTHER DENT COMPLETE ITE	AL PLAN	11. MC	DELTA - COVE EMPLOYEE BID D. DAY	RED 12.1	SPOUSE NAME								13. SPOU MO.	SE BIRTHDATE DAY YEAR	
4508 THROUGH 15											1 45	SPOUSE SOC	IAL SECURITY	MIMPER	
14. NAME AND ADDR	ESS OF CARRIER										13.	SPOUSE SOC	IAL SECURITY	NOMBER I	
										1,71,87			file file		
DENTIST NAME						,	IS TREATMENT RESULT NO OF OCCUPATIONAL ILLNESS OR INJURY?	YE	S IF YES, ENTER DATES	BRIEF	DESCRIPTION AND				
		IS TREATMENT RESU							-						
MAILING ADDRESS		OF AUTO ACCIDENT?													
					OTHER ACCIDENT?			\$*.							
CITY, STATE			10.00				IF PROSTHESIS, IS THIS NO) YE	S IF NO, ENTER REPLACEMEN	REASON	FOR				
DENTIST SOC. SEC. NO. OR FED. IDENT. NO.		DENTIST LICENSE			DENTIST PHONE NO.		IF PROSTHESIS, IS THIS INITIAL PLACEMENT?		REPLACEMEN	r					
18															
FIRST VISIT DATE CURRENT SERIES	PLAC OFFICE	PLACE OF TREATMENT OFFICE OTHER			ADIOGRAPHS OR IODELS ENCLOSED?	HOW MANY?	DATE OF PRIOR PLACEMENT IS TREATMENT FOR NO YOUR PROPERTY.		s						
					NO 🗌 YES 🗀		IF SERVICES ALREADY COMMENCE		, ENTER:						
							DATE APPLIANCES PLACED MONTHS TREATMENT REMAININ	NG							
IDENTIFY MISSING TEETH WITH FACIAL	"X"		EXAMIN	ATION AND TREA	TMENT RECORD - LI	ST IN ORDE	R FROM TOOTH NO. 1 THRO	UGHT		SE CHA	ARTING SYSTE	M SHOWN.			
ବ୍ୟପ୍ତାପ୍ତର		TOOTH # OR LETTER	SURFACES MOI DLF		Descripti ncluding X-Rays, Prop	ion Of Servi			DATE SERVICE PERFORMED		ADA PROCEDURE NUMBER	FI	E		
Dan Sala		LETTER	DLF		iciduling X-kays, Frop		mais used, Etc.		MO. DAY YR.		NUMBER		1		
60 8 8 8 B	200	V-100-100-100	m ur indenium reinida.	A pilon last land with the state of the stat		2		(mail to provide the			MITTER DESPRESSED TO THE SECOND SECOND	200000000000000000000000000000000000000	-		
6, 6	14(0)		SALOW MIC & FIRST CONSIST		nyetes Piriti Pilini yang ang ang ang ang kathera te	3		-1 helitif da	and the second s		ESCOLOAI-ESPANA	MINISTER OF STREET			
B LINGUAL	15 (1)	**(***********************************	Market Bas street Store	0017533381860554467898740-0-R	Control proportion is which control to control the control of	4	or Tarling Chapter State (Construction Construction Const								
(G) (Q) (E)	16 🔘	NAME OF TRACE	ALC: THE PROPERTY OF	etion to aced MAN, a force care	NAME OF THE PROPERTY OF THE PR	5	kanaka nipu Michaeler Musikaka nincu nincun wa njininga mwata njimi	and a second	THE PROPERTY OF THE PARTY OF TH		myon presidentina 80923	DECEMBER OF CR	73100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
UPPER	_					8						-			
RIGHT	PERMANENT		14. 1 P. 14 V 1540 P. 1511 P.	*******		7			.,		A SEE SECTION OF SECTION	Autorio de la companio del companio del companio de la companio de			
RIGHT	ANEN		of the state of the grant of the design.	aleste (i) i i i i i i i i i i i i i i i i i i		8						************			
LOWER						9					J				
© ² © ¹ × (€) '' (Q)		**************************************		alla consecuti missori pianti, en estatungo	10		-				AND THE CHAPTER STORY	MARIN MARIN		
30 OR LINGUAL L	D.19 (2)					12			1.			AND THE PERSON OF THE			
1000 mg	2007	mark and and				13									
27 28 27 22 22	0					14									
² (තිතත්ත්ත් ²	9					15							-		
FACIAL	220					16		-							
REMARKS FOR UNUSUAL SERVI	CES					17		-							
					AND THE RESERVE AND THE PARTY OF THE PARTY O	19			-1-1-						
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	elle de l'Estat de la company de la comp	******	MET SALES SARES AND	granding to 1 Postura in mary raid		20	to the participation of the last seed on the constitution	-			MIGHT SHOW THE SHOW	The COLUMN TO SERVICE TO		54.5	
		G. Indiana	Manager and Aller			21					must be contracted to	ANNUMBER			
aker minder die der minde mitter der styden diese viele der Market in der der Schaffen.	THE RESIDENCE THE THE THE THE THE THE THE THE THE TH	sia response the	Constitution of the	PERSONAL ENGINEERING PROPERTY.		22							76-78 (160) 1600		
* oneneren museum and a second					T. 105	23						VIEW CONTRACT	te sugarana e		
THE TREATMENT LISTED IS NECESSARY IN MY PROFESSIONAL JUDGMENT, AND I REQUEST PREDETERMINATION OF BENEFITS. AND AUTHORIZ						RIZE REL	ITENDING DENTIST'S STATEMENT ELEASE OF INFORMATION RELATED LIFY TRUTH OF ALL PERSONAL				HARGED	6.5			
DENTIST	INFORMATION CONTAINED ABOVE. I AGREE TO BE RESPONSIBLE FOR SERVICES PROVIDED DURING ANY						PATIENT PAYS								
SIGNATURE DATE ** TREATMENT COMPLETED PAYMENT REQUESTED THE TREATMENT LISTED ABOVE WAS COMPLETED, NECESSARY IN MY PROFESSIONAL JUDGMENT, AND I AM LEGALLY QUALIFIED TO PERFORM THE					INELIGIBLE PERIOD OR SERVICES NOT COVERED BY MY GROUP DENTAL CONTRACT.						DELTA PAYS		i.		
SERVICE. THE FEES LISTED ARE THE	OSE REGULAR	LY CHA	RGED IN MY	OFFICE.	PATIENT SIGNATURE_						IOUNT API	PLIED	u kasa na sa		
DENTIST				DATE	DATE						DEDUCT				
SIGNATURE					TO DEDUCTIBLE			MARKET STATES							