

ADA Dental Claim Form - revision 2002

HEADER INFORMATION

1. Type of Transaction (check all applicable boxes)
 Statement of Actual Services -OR- Request for Predetermination/PreAuthorization
 EPSC/Tittle XIX

2. Predetermination/Preauthorization Number

PRIMARY PAYOR INFORMATION

3. Name, Address, City, State, Zip Code
RETAIL CLERKS TRUST
PO BOX 2265
SEATTLE WA 98111

OTHER COVERAGE

4. Other Dental or Medical Coverage? No (skip 5-11) Yes (complete 5-11)

5. Subscriber Name (Last,First,Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender M F 8. Subscriber Identifier (SSN or ID#)

9. Plan/Group Number 10. Patient Relationship to Other Subscriber (check box)
 Self Spouse Dependent Other

11. Other Carrier Name, Address, City, State, ZipCode

PRIMARY SUBSCRIBER INFORMATION

12. Name (Last,First,Middle Initial,Suffix),Address, City,State,Zip
Babbott, Ruby J
3456 Marion Street
Seattle, WA 98122-

13. Date of Birth (MM/DD/CCYY) 14. Gender M F 15. Subscriber Identifier (SSN or ID#)
04/25/1979 **789-65-4456**

16. Plan/Group Number 17. Employer Name
999999 **NORDSTROMS**

PATIENT INFORMATION

18. Patient Relationship to Other Subscriber (check box) 19. Student Status
 Self Spouse Dependent Child Other FTS PTS

20. Name (Last,First,Middle Initial,Suffix),Address, City,State,Zip
Babbott, Ruby
3456 Marion Street
Seattle, WA 98122-

21. Date of Birth (MM/DD/CCYY) 22. Gender M F 23. Patient ID/Account#(Assigned by Dentist)
04/25/1979 **PATIENT ID # 44**
CLAIM SERIES 1

RECORD OF SERVICES PROVIDED

| 24. Procedure Date | 25. Area of Oral Cavity | 26. Tooth System | 27. Tooth Number(s) or letters | 28. Tooth Surface | 29. Procedure Code | 30. Description | 31. Fee |
|--------------------|-------------------------|------------------|--------------------------------|-------------------|--------------------|----------------------------|---------|
| 08/23/2004 | 20 | JP | 13 | MOD | D2393 | COMPOSITE - THREE SURFACES | 162.00 |
| | | | | | | | |
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MISSING TEETH INFORMATION

| 34. (place an 'X' on each missing tooth) | Permanent | | | | | | | | Primary | | | | | | | | 32. Other Fee(s) | | | | | | | | | | |
|--|-----------|---|---|---|---|---|---|---|---------|----|----|----|----|----|----|----|------------------|---|---|---|---|---|---|---|---|---|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | A | B | C | D | E | F | G | H | I | J |
| | | | | | | | | | | | | | | | | | T | S | R | Q | P | O | N | M | L | K | 33. Total Fee |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | 162.00 |

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent of your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X SIGNATURE ON FILE **08/23/2004**
 Patient/Guardian signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X SIGNATURE ON FILE **08/23/2004**
 Subscriber signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (Check applicable box)
 Provider's Office Hospital ECF Other

39. Number of Enclosures (00 to 99)
 Radiographs Cast Images Models

40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes

41. Date Appliance Placed(MM/DD/CCYY)

42. Months of Treatment Remaining 43. Replacement of Prosthesis?
 No Yes (complete 44)

44. Date of Prior Placement(MM/DD/CCYY)

45. Treatment Resulting from (Check applicable box)
 Occupational illness/injury Auto accident Other accident

46. Date of Accident (MM/DD/CCYY) //

BILLING DENTIST OR DENTAL ENTITY (leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code
Gerald Spencer DDS
1065 12th Ave NW Suite E1
Issaquah, WA 98027-

49. Provider ID 50. License Number 51. SSN or TIN
 1234 **91-1234567**

52. Phone Number **425-391-0664**

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

X Gerald Spencer DDS **08/23/2004**

Signed (Treating Dentist) Date

54. Provider ID 55. License Number **1234**

56. Address, City, State, Zip
1065 12th Ave NW Suite E1
Issaquah, WA 98027-

57. Phone Number **425-391-0664** 58. Treating Provider Specialty **General**

INSURANCE CLAIMS OUTSTANDING
Date Range 06/01/2004 to 07/31/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| | | |
|---------------------|-----------------|-------------------------|
| AETNA (54) | | |
| PO BOX 21645 | | 206-455-8000 Ext |
| SEATTLE | WA 98111 | Ext |

| | | |
|---------------------|------------------------|--|
| [REDACTED] | | Subscriber: Charles Edmonds (1) |
| | | Group: 00707 |
| Birthdate: 4/25/85 | Subscr SS# 564-55-7041 | Employer: Boeing |
| Phone: 425-391-0664 | | Claim Amout: 178.00 |
| Tx Date: 5/31/04 | Sent: 6/4/04 | Claim Balance: 178.00 |
| | | Today's date minus date sent = day count: 80 |

| | | |
|---------------------|------------------------|--|
| [REDACTED] | | Subscriber: Charles Edmonds (1) |
| | | Group: 00707 |
| Birthdate: 4/25/85 | Subscr SS# 564-55-7041 | Employer: Boeing |
| Phone: 425-391-0664 | | Claim Amout: 1800.00 |
| Tx Date: 6/4/04 | Sent: 7/8/04 | Claim Balance: 1800.00 |
| | | Today's date minus date sent = day count: 46 |

Total for AETNA:**1978.00**

| | | |
|--------------------|-----------------|-------------------------|
| AETNA (434) | | |
| PO BOX 9301 | | 503-221-5546 Ext |
| PORTLAND | OR 97207 | Ext |

***** Secondary Claim *****

| | | |
|---------------------|------------------------|--|
| [REDACTED] | | Subscriber: Jerrod Ulmer (21) |
| | | Group: L66612 |
| Birthdate: 12/22/42 | Subscr SS# 612-48-8990 | Employer: Simpson Paper |
| Phone: 425-391-0664 | 425-391-0664 | Claim Amout: 1105.00 |
| Tx Date: 1/20/04 | Sent: 6/4/04 | Claim Balance: 1105.00 |
| | | Today's date minus date sent = day count: 80 |

Total for AETNA:**1105.00**

| | | |
|---------------------------------------|-----------------|-------------------------|
| BLUE CROSS CA - WELLPOINT (78) | | |
| 1950 FRANKLIN STREET | | 415-645-3000 Ext |
| OAKLAND | CA 94659 | Ext |

***** Secondary Claim *****

| | | |
|---------------------|------------------------|--|
| [REDACTED] | | Subscriber: Dorothy Smart (48) |
| | | Group: 999999 |
| Birthdate: 8/15/89 | Subscr SS# 214-88-1111 | Employer: Boeing |
| Phone: 425-391-0664 | 425-391-0664 | Claim Amout: 211.00 |
| Tx Date: 4/5/04 | Sent: 7/8/04 | Claim Balance: 61.00 |
| | | Today's date minus date sent = day count: 46 |

INSURANCE CLAIMS OUTSTANDING
Date Range 06/01/2004 to 07/31/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| <u>Patient Name</u> | <u>Insurance Company</u> | <u>Prim/Sec</u> | <u>Tx Date</u> | <u>Sent</u> | <u>Current</u> | <u>31 - 60</u> | <u>61 - 90</u> | <u>91 - 120</u> | <u>Over 120</u> |
|---|---|-----------------|-----------------|-------------|----------------|----------------|----------------|-----------------|-----------------|
| Terry Abbott (12) SS# 452-26-4665 | GREAT WEST (8) 206-465-2311 Ext | P | 05/31/04 Ext | 06/04/04 | | | 178.00 | | |
| Tina Baker (14) SS# 374-40-7004 | WASHINGTON DENTAL-STATE (564) 206-526-2323 Ext | P | 06/04/04 Ext | 07/08/04 | | 900.00 | | | |
| Tina Baker (14) SS# 564-44-7975 | WASHINGTON DENTAL SERVICE (560) 206-566-2323 Ext | S | 06/04/04 Ext | 07/08/04 | | 900.00 | | | |
| John Clayton (73) SS# 321-65-4987 | GREAT WEST (8) 206-465-2311 Ext | P | 06/04/04 Ext | 07/08/04 | | 3844.00 | | | |
| Casey Edmonds (3) SS# 564-55-7041 | AETNA (54) 206-455-8000 Ext | P | 05/31/04 Ext | 06/04/04 | | | 178.00 | | |
| Vivian Edmonds (2) SS# 374-55-7505 | PRUDENTIAL (62) 800-566-2992 Ext | P | 05/31/04 Ext | 06/04/04 | | | 178.00 | | |
| Casey Edmonds (3) SS# 564-55-7041 | AETNA (54) 206-455-8000 Ext | P | 06/04/04 Ext | 07/08/04 | | 1800.00 | | | |
| Vivian Edmonds (2) SS# 374-55-7505 | PRUDENTIAL (62) 800-566-2992 Ext | P | 06/04/04 Ext | 07/08/04 | | 1800.00 | | | |
| Phillip Grady (32) SS# 339-39-3993 | WASHINGTON DENTAL-BOEING (563) 206-526-2323 Ext | P | 05/31/04 Ext | 06/04/04 | | | 220.00 | | |
| Abraham Lincoln (64) SS# 546-23-1442 | PAUL REVERE (443) 800-874-4000 Ext | P | 05/31/04 Ext | 06/04/04 | | | 279.00 | | |
| Lydia Patrick (7) SS# 034-55-7055 | GUARDIAN (136) 800-877-2300 Ext | P | 06/04/04 Ext | 07/08/04 | | 1572.00 | | | |
| Jennifer Peters (9) SS# 375-22-8982 | MUTUAL OF OMAHA (506) 800-323-1150 Ext | P | 05/31/04 Ext | 06/04/04 | | | 211.00 | | |
| Jane Porter (74) SS# 321-65-4987 | DELTA DENTAL CA (428) 800-566-6000 Ext | P | 06/04/04 Ext | 07/08/04 | | 292.00 | | | |

8/23/04

**Insurance Companies
Claims Print to Paper
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.**

| <u>Insurance Company</u> | <u>EDI*</u> | | |
|----------------------------------|-------------|--|------------------|
| Aetna (567) | N | Seattle, Mi, 98 124 - | |
| ALASKA LOGGERS ASSN INC. (70) | N | 111 STEDMAN ST SUITE 200 KETCHIKAN, AK 99910 | 800-565-2002 - - |
| ALLSTATE LIFE INSURANCE (238) | N | 656 C TOLLGATE RD ELGIN, IL 60120 | 312-931-1133 |
| BLUE CROSS NJ (452) | N | PO BOX 700 NEWARK, NJ 07102 | 201-456-2534 |
| CONCEPT ADMINISTRATORS (458) | N | PO BOX 7090 SACRAMENTO, CA 95826 | 916-364-7000 |
| DELTA DENTAL MI (445) | N | PO BOX 30416 LANSING, MI 48909 | 800-566-5566 |
| DIVISION OF PROVIDER SERV (9999) | N | P.O. BOX 9253 OLYMPIA, WA 98507-9253 | 360-565-9000 |
| EMPLOYEE BENEFIT COOP (65) | N | N 10015 DIVISION ST 202 SPOKANE, WA 99218 | 509-566-8999 |
| FIRST PACIFIC LIFE (473) | N | PO BOX 15016 LOS ANGELES, CA 90015 | 213-736-0963 |
| GENERAL ELECTRIC (192) | N | 229 CONNECTICUT LIFE INS HARTFORD, CT 06152 | 800-243-5771 |
| GREATER OREGON HEALTH (414) | N | PO BOX 1210 GRANTS PASS, OR 97525 | 503-479-7536 |
| HEALTH CLAIM SERVICE (418) | N | 1218 3RD AVE SUITE 1011 SEATTLE, WA 98101 | 206-566-9000 |
| HOME LIFE INSURANCE (477) | N | PO BOX 29005 GLENDALE, CA 91209 | 310-817-4444 |
| JAMES BENEFITS (91) | N | PO BOX 878 PORTLAND, OR 97207 | 503-248-6549 |
| LINCOLN NATIONAL (323) | N | 1510 W CAPE DR SUITE 201 SAN MATEO, CA 94404 | 310-566-2000 |
| LINCOLN NATIONAL (417) | N | PO BOX 5001 FORT SCOTT, KS 66701 | 800-826-2898 |
| LINCOLN NATIONAL (424) | N | 4510 WEST 77TH STREET MINNEAPOLIS, MN 55437 | 800-221-9552 |
| MEDICAL MANAGEMENT SERVIC (291) | N | PO BOX 1947-S STUDIO CITY, CA 91604 | 310-299-2000 |
| MOTOROLA EMPLOYEE BENEFIT (267) | N | PO BOX 29005 PHOENIX, AR 85038 | 800-642-4224 |

* EDI Y=yes P=primary only N=no

EDI CLAIMS SENT
Batch Claims - Electronic Claims Sent on 08/23/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| ID # | Last Name | PV | Ins Id | Insurance Company Name | Series | Type | Tx Date | Sent | Amount | Pri/Sec |
|------|-----------|----|--------|---------------------------|--------|------|----------|----------|---------|-----------|
| 12 | Abbott | F | 8 | GREAT WEST | 3 | R | 08/23/04 | 08/23/04 | 162.00 | Primary |
| 37 | Anderson | F | 563 | WASHINGTON DENTAL-BOEING | 5 | R | 08/23/04 | 08/23/04 | 130.00 | Primary |
| 38 | Anderson | F | 563 | WASHINGTON DENTAL-BOEING | 2 | R | 07/22/04 | 08/23/04 | 730.00 | Secondary |
| 13 | Baker | F | 560 | WASHINGTON DENTAL SERVICE | 0 | R | 08/23/04 | 08/23/04 | 172.00 | Primary |
| 13 | Baker | F | 564 | WASHINGTON DENTAL-STATE | 0 | R | 08/23/04 | 08/23/04 | 172.00 | Secondary |
| 42 | Coleman | F | 44 | REGENCE | 3 | R | 08/23/04 | 08/23/04 | 130.00 | Primary |
| 39 | Doe | F | 8 | GREAT WEST | 5 | R | 08/23/04 | 08/23/04 | 930.00 | Primary |
| 3 | Edmonds | F | 62 | PRUDENTIAL | 3 | R | 05/31/04 | 08/23/04 | 178.00 | Secondary |
| 3 | Edmonds | F | 62 | PRUDENTIAL | 4 | R | 06/04/04 | 08/23/04 | 1800.00 | Secondary |
| 62 | Morton | F | 408 | EQUICOR | 0 | P | 08/23/04 | 08/23/04 | 1800.00 | Primary |
| 74 | Porter | F | 8 | GREAT WEST | 0 | R | 06/04/04 | 08/23/04 | 292.00 | Secondary |
| 58 | Ritter | F | 44 | REGENCE | 0 | R | 08/23/04 | 08/23/04 | 130.00 | Primary |
| 35 | Smathers | F | 560 | WASHINGTON DENTAL SERVICE | 1 | R | 05/31/04 | 08/23/04 | 264.00 | Secondary |
| 57 | Stewart | F | 560 | WASHINGTON DENTAL SERVICE | 0 | R | 08/23/04 | 08/23/04 | 172.00 | Primary |
| 57 | Stewart | F | 560 | WASHINGTON DENTAL SERVICE | 0 | P | 08/23/04 | 08/23/04 | 900.00 | Primary |
| 21 | Ulmer | F | 434 | AETNA | 4 | R | 08/23/04 | 08/23/04 | 130.00 | Primary |
| 27 | Watson | F | 426 | SUN LIFE OF CANADA | 5 | R | 08/23/04 | 08/23/04 | 130.00 | Primary |
| 18 | Wilson | F | 105 | JOHN HANCOCK | 2 | R | 05/31/04 | 08/23/04 | 292.00 | Secondary |

Total: \$8,514.00

ENVOY/NEIC CLAIMS

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

8/23/04

Batch #

Page 1

08/23/2004

Provider: **DR. GERALD SPENCER DDS**



| | | |
|-------------------------|--------------|-----------|
| ABBOTT | TERRY | 12 |
| 345 N JAMISON ST | | |
| SEATTLE WA 98111 | | |
| Date of Birth: | 02121979 | |
| Sex: | M | |
| Relation to Insured: | CHILD | |



| | | |
|----------------|-------------------|-----------------------------------|
| Insured Name: | ABBOTT | JANE |
| Date of Birth: | 03011952 | |
| Carrier: | GREAT WEST | <i>Envoy/NEIC Payor Id: 80705</i> |
| SS#: | 452264665 | |
| Group Num: | 45645 | |
| Plan: | | |
| Prior Payment: | 0.00 | |
| Employer: | ALASKA AIRLINES | |



| Tooth | Surface | Description | Date | Code | Charge |
|--------------|----------------|--------------------|-------------|-------------|---------------|
| 04 | MOD | | 082304 | D2393 | 162.00 |

ADA Form: [X]
Pre-Estimate: []

CLAIM TOTAL: 162.00

Insurance Company Master List

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| <u>Insurance Company</u> | <u>EDI*</u> | | | |
|--------------------------------|-------------|--|--------------|--------------|
| AETNA (11) | P | 800 WASH BLDG 1325 4TH AV SEATTLE, WA 98130 | 206-542-8900 | |
| AETNA (54) | P | PO BOX 21645 SEATTLE, WA 98111 | 206-455-8000 | |
| AETNA (140) | P | 2201 6 AVE SEATTLE, WA 98121- | 206-566-8900 | 800-566-8900 |
| AETNA (431) | P | 1503 N CEDAR CREST BLVD ALLENTOWN, PA 18104 | 215-776-5100 | 800-546-2310 |
| AETNA (434) | P | PO BOX 9301 PORTLAND, OR 97207 | 503-221-5546 | |
| AETNA (437) | P | PO BOX 171827 MEMPHIS, TN 38187 | 800-751-5000 | |
| AETNA (447) | P | PO BOX 1738 REDDING, PA 19603 | 310-566-5600 | |
| AETNA (461) | P | PO BOX 1900 ORANGE, CA 92668 | 800-877-2500 | |
| Aetna (567) | N | Seattle, Mi, 98 124 - | | |
| AETNA-BOEING (561) | P | PO BOX 21388 SEATTLE, WA 98111- | 206-566-5600 | - - |
| AETNA-JC PENNEY (172) | P | PO BOX 40945 INDIANAPOLIS, IN 46260 | 800-756-4545 | |
| AETNA-RAILROAD (176) | P | PO BOX 21645 SEATTLE, WA 98111 | 206-566-5600 | |
| AETNA-WELFARE & PENSION (237) | P | 2701 FIRST AVE SEATTLE, WA 98121 | 206-624-5840 | |
| ALASKA LOGGERS ASSN INC. (70) | N | 111 STEDMAN ST SUITE 200 KETCHIKAN, AK 99910 | 800-565-2002 | - - |
| ALLSTATE LIFE INSURANCE (238) | N | 656 C TOLLGATE RD ELGIN, IL 60120 | 312-931-1133 | |
| ALTA ADMINISTRATORS (471) | Y | PO BOX 30906 SALT LAKE CITY, UT 84130 | 800-331-4475 | |
| BLUE CROSS CA - WELLPOINT (78) | Y | 1950 FRANKLIN STREET OAKLAND, CA 94659 | 415-645-3000 | |
| BLUE CROSS NJ (452) | N | PO BOX 700 NEWARK, NJ 07102 | 201-456-2534 | |
| BOILERMAKERS (35) | Y | 522 BROTHERHOOD BLDG KANSAS CITY, KS 66101 | 800-566-5666 | |

8/23/04

16:57:48

**PAPER CLAIMS SENT
on 08/23/2004**

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| Patient ID / Name | PV | Ins ID | Insurance Company | Series | Tx Type | Tx Date | Sent | Amount | Pri/Sec |
|--------------------------|-----------|---------------|--------------------------|---------------|----------------|----------------|-------------|---------------|----------------|
| 44 Babbott | F | 83 | RETAIL CLERKS TRUST | 1 | R | 8/23/04 | 8/23/04 | 162.00 | PRIMARY |
| 2 Edmonds | F | 54 | AETNA | 1 | R | 5/31/04 | 8/23/04 | 178.00 | SECONDARY |
| 54 Prince | F | 11 | AETNA | 0 | R | 6/4/04 | 8/23/04 | 172.00 | SECONDARY |
| 75 Smith | F | 9999 | MEDICAID | 0 | M | 8/23/04 | 8/23/04 | 250.00 | PRIMARY |
| 75 Smith | F | 9999 | MEDICAID | 0 | A | 8/23/04 | 8/23/04 | 324.00 | PRIMARY |
| 19 Wilson | F | 242 | CONNECTICUT GENERAL | 1 | R | 5/31/04 | 8/23/04 | 280.00 | SECONDARY |

Insurance Transactions
Pre-estimate Transactions Not Sent
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

| | | | | | | | | |
|----|------|---------|---|----------|------|--|---------------|---------------|
| 25 | Kira | Holland | 0 | 08/23/04 | 2393 | COMPOSITE - THREE SURFACES - POSTERIOR | 162.00 | P H |
| 25 | Kira | Holland | 0 | 08/23/04 | 2393 | COMPOSITE - THREE SURFACES - POSTERIOR | 162.00 | P H |
| | | | | | | | Total: | 324.00 |

R = Regular Tx
M= Medicaid Tx
P = Pre-Est Tx

P = Paper Tx
E = EDI Tx
H = Tx on Hold

**Insurance Transactions
Pre-estimate Transactions Sent But Pending
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.**

| | | | | | | | | |
|----|--------|---------|---|----------|------|----------------------------------|--------|-----|
| 62 | Melody | Morton | 0 | 08/23/04 | 2750 | CROWN-PORCELAIN/HIGH NOBLE METAL | 900.00 | P Y |
| 62 | Melody | Morton | 0 | 08/23/04 | 2750 | CROWN-PORCELAIN/HIGH NOBLE METAL | 900.00 | P Y |
| 57 | Peter | Stewart | 0 | 08/23/04 | 2750 | CROWN-PORCELAIN/HIGH NOBLE METAL | 900.00 | P Y |

Total: 2700.00

R = Regular Tx
M = Medicaid Tx
P = Pre-Est Tx

P = Paper Tx
E = EDI Tx
H = Tx on Hold