

Delta Dental of Wyoming P.O. Box 29 Cheyenne, WY 82003-0029 WY (307) 632-3313 or (800) 735-3379 www.deltadentalwy.org

## ATTENDING DENTIST'S STATEMENT

		ck one:								Carrier n	ame and	d add	ress						
		Dentist's pre-trea	atme	nt es	timate														
	1	Dentist's stateme	ent c	of act	ual serv	rices													
P		Patient name first	n	n.i.		last		Relationship to emp		3. Se:	4. P.	atient b	irthdat			If full time st school	udent		
A								self ch	ild	m	f Mi	М	DD	YY	YY	city			
Ė								spouse oth	ner							Oity			
ENT	9	6. Employee/subscribe	name	e and n	nailing addi	ress		7. Employee/subscrib		mployee/sub	scriber	9. E	mploye	er (co	mpany) r	name and a	ddress	10. Group	number
C								soc. sec. or I.D. nui	100	irthdate									
Ĭ									M	M DD	YYYY	1							
R																			
COVERAGE		11. Is patient covered t	ov and	ther	12-a Na	me and add	ress of	carrier(s)		12-b. Grou	no (s)	_			13. N	Name and a	ddress of o	ther empl	over(s)
E		dental plan?						ourier(o)	12 b. Gloup 16.(8)					13. Name and address of other employer(s)					
N		yes no If yes, complete 12	a.																
6	Is patient covered by a medical																		
R		plan? yes no											45 1	15. Relationship to patient					
A		14-a. Employee/subscriber name (if different than patient's)						14-b. Employee/subs soc. sec. or I.D	14-c. Employee/subscriber birthdate										
0										MM	1	DD	4	YYY		-	parent		
N	_										,			SERVICE AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES			other_		_
		e reviewed the follow claim. I understand th							ating to	I hereby a below nan				he de	ntal ben	efits other	wise payal	ole to me	directly to the
<b>b</b>	.0 (	- and or stand th	I al	apt		00313 0	. dente	a. a continuiti		below flat	.se wonte	situt							
1	Sign	ned (Patient, or parent	f mino	or)				Date		Signed (I	nsured pe	erson)							ate
P		16. Name of Billing Der	tist or	Denta	Entity						24. Is treatm		lt No	Yes	If yes, er	nter brief des	scription ar	nd dates	
B											illness or		H						
L		17. Address where pay	ment s	should	be remitted	i				1	25. Is treatm								
-1										1	of auto a	ccident							
N G		City, State, Zip	City, State, Zip																
D										1									
EN	-	18. Dentist Soc. Sec. of	T.I.N		19. Denti	ist license no	0.	20. Dentist phone no			27. If prosthe				(If no, rea	ason for rep	lacement)		28. Date of prior
I N								The second secon	initial placement?			placement				placement			
1	-	21. First visit date	Place of	f treatment		many? 29.Is treatment for				If services already Date appliances Mos. treati				Mos. treatment					
T	Office Hosp ECE Other						nodels enclosed						commenced placed: remaining enter:				remaining		
- 1	dei	ntify missing teeth with	1,211		amination	and treatme	nt plan	- List in order from too	oth no. 1 thr	augh tooth n	32 110	e char	ing sys						For
			X	3() -x									9 0)						
1 "		nany masong assar man	X						Jui 110. 1 un	ough tooth h	3. 32 - 03	Da	te serv	ice	Pre	ocedure	Fe	ee	administrative
"		FACIAL	X	Tooth # or	Surface	Description	of sen			ough tooth h	J. 32 - 03	p	erforme	ed	n	ocedure iumber	Fe	ee	Control of the Contro
		FACIAL STATES	X	Tooth		Description	of sen	vice		ough tooth h	J. 32 - 03			ed	n		Fe	ee	administrative
2	777	FACIAL	× A	Tooth # or		Description	of sen	vice		ough tooth in	J. 32 - 03	p	erforme	ed	n		Fe	ee	administrative
Bhs	100	FACIAL  5 9 10 11 12 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	· Sac	Tooth # or		Description	of sen	vice		ough tooth in	3. 32 - 03	p	erforme	ed	n		Fe	ee	administrative
(Silbha	1302	FACIAL  B 10 10 12 12 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	किकार्यः .	Tooth # or		Description	of sen	vice		ough tooth in	5. 52 - 03	p	erforme	ed	n		Fe	96	administrative
aldigible	1000	FACIAL  10 10 10 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	क्रिकेन्ट्रिक्टर	Tooth # or		Description	of sen	vice		ough tooth ii	5. 52 - 03	p	erforme	ed	n		Fe		administrative
aldina	100 3 2 1 Hadd	FACIAL  10 10 10 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	· Children Children	Tooth # or		Description	of sen	vice		ough teoth ii	5. 52 - 05	p	erforme	ed	n		Fe	ee	administrative
a colorina	13 3 1 Haden Gu	FACIAL  10 10 10 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	WHERE CONTROL OF	Tooth # or		Description	of sen	vice		oogn tootii ii	5. 52 - 63	p	erforme	ed	n		Fe	000	administrative
a coloring	1 2 1 Waden Gwamo	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	TO DESCRIPTION OF THE PROPERTY	Tooth # or		Description	of sen	vice		oogn tootii ii	5. 52 - 63	p	erforme	ed	n		Fe		administrative
D = coloring	I Day of Haden Graywol M	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice		oogn toom n	9. 32 - 03	p	erforme	ed	n		Fe	1	administrative
(B)(B) (B)(B)(B)	2 Baden Guamot M	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice			9. 32 - 03	p	erforme	ed	n		Fe	900	administrative
सिमिनि । विविधित	1 Haddingwawol M is a	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice		oogn toom ii	9. 32 - 03	p	erforme	ed	n		Fe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	administrative
AMBIRI IDRIPH	1 2 Madenguamora in a	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice		oogn toom ii	9. 32 - 03	p	erforme	ed	n		Fe	90	administrative
AMORD . CORPER	1 Maden Guado Maria	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice		ough toom ii	9. 32 - 03	p	erforme	ed	n		Fe	900	administrative
AMORD . WORTH	1 3 2 Badenguswol 2 5 5	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice			5. 52 - 63	p	erforme	ed	n		Fe	900	administrative
AMBIGI (DICTUS)	2 1 Waddingwamon 2 in a	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	WHERE CONTROL OF	Tooth # or		Description	of sen	vice			9. 32 - 03	p	erforme	ed	n		Fe	900	administrative
ACTIONS CONTROLL	2 Haddinguamora is a	FACIAL  FACIAL  FACIAL  FACIAL  FACIAL	TO COLOR PERMANENT (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	Tooth # or		Description	of sen	vice		ough toom ii	9. 32 - 03	p	erforme	ed	n		Fe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	administrative
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ACTIONS CONTROLL	2 Haddinguamora is a	FACIAL  FACIAL  FACIAL  FACIAL  FACIAL	TO COLOR PERMANENT (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	Tooth # or		Description	of sen	vice		ough toom ii	5.52 - 03	p	erforme	ed	n		Fe		administrative
ACTIONS CONTROLL	2 Haddinguamora is a	FACIAL  FACIAL  FACIAL  FACIAL  FACIAL	TO COLOR PERMANENT (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	Tooth # or		Description	of sen	vice			9. 32 - 03	p	erforme	ed	n		Fe		administrative
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ACTIONS CONTROLL	2 Haddinguamora is a	FACIAL  FACIAL  FACIAL  FACIAL  FACIAL	TO COLOR PERMANENT (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	Tooth # or		Description	of sen	vice		ough touin ii	9. 32 - 03	p	erforme	ed	r	umber	Fe	96	administrative
31. In	2 Badenguswood R. R.	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	vices	Tooth # or letter	indicated	Description (including x	of server-rays,	vice prophylaxis, materials	used, etc.)		9. 32 - 03	p	erforme	ed	Total	Fee	Fe	96	administrative
31. In	2 Badenguswood R. R.	FACIAL  B 10  C B F G 12  C LINGUAL  A 20  FACIAL  Emarks for unusual services	vices	Tooth # or letter	indicated	Description (including x	of server-rays,	vice prophylaxis, materials	used, etc.)		9. 32 - 03	p	erforme	ed	r	Fee	Fe	96	administrative
31. In	2 Badenguswood R. R.	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	vices	Tooth # or letter	indicated	Description (including x	of server-rays,	vice prophylaxis, materials	used, etc.)		9. 32 - 03	p	erforme	ed	Total	Fee	Fe	96	administrative
I have	Rierre ett	FACIAL  B 9 10 12 12 12 12 12 12 12 12 12 12 12 12 12	vices	Tooth # or letter	indicated	Description (including x	ve beer	vice prophylaxis, materials	used, etc.)		9. 32 - 03	p	erforme	ed	Total	Fee			administrative
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This are	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FACIAL  B INGUAL  B LINGUAL  FACIAL  FACIAL  Emarks for unusual service actual fees I have one actual fees I have	vices	Tooth # or letter	indicated	Description (including x	ve beer	vice prophylaxis, materials  .  n completed and that procedures.	used, etc.)	ubmitted	9. 32 - 03	p	erforme	ed	Total Charg	Fee ed . Allowabl			administrative
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