

# Dental Reimbursement Claim Form

What your plan covers



Your Medica plan covers dental services from any licensed dentist within the U.S. and its territories up to an annual limit.

You'll pay for any dental services not covered under your plan. Then you'll send your reimbursement form to Medica. You must send in your reimbursement form within one calendar year of your appointment.

The dental reimbursement program cannot be used to pay for dental insurance premiums or as prepayment for dental services you haven't received yet.

## How to get a reimbursement

To get a reimbursement, follow these steps:

- Fill out this claim form
- Attach your itemized receipt(s) and proof of payment
- Mail this completed form and a copy of your receipt to:

**Medica Individual + Family Business**  
**PO Box 21051**  
**Eagan, MN 55121-0051**

### FOR INTERNAL USE ONLY

Place of service: 11  
CPT Code: D9999  
Diagnosis Code: K02.9  
Provider ID: 99-9999999

Please allow 30 days for processing.

## COMPLETE THE FOLLOWING (PLEASE PRINT):

Member name:	Date of service:
ID number:	Total amount paid:
Group number:	Name of dental clinic:
Telephone number:	Clinic location (city, state, ZIP):
Birthdate:	

**Tip:** You can find your ID and group number on the front of your Medica ID card.

## Questions?

Call Member Services at the number on the back of your Medica ID card Monday-Wednesday and Friday from 8 a.m.-6 p.m. and Thursday from 9 a.m.-6 p.m. CT.

# Dental reimbursement available with the following plans

## Nebraska

- Medica Insure Bronze Copay + Dental Reimbursement
- Medica with CHI Health Bronze Copay + Dental Reimbursement

## Kansas

- Select by Medica Bronze Value + Dental Reimbursement
- Medica with Healthier You Bronze Value + Dental Reimbursement

## Missouri

- Select by Medica Bronze Value + Dental Reimbursement
- Balance by Medica Bronze Copay \$0 Primary Care + Dental Reimbursement
- Medica with MU Health Care Bronze Copay \$0 Primary Care + Dental Reimbursement

## Oklahoma

- Harmony by Medica Bronze Value + Dental Reimbursement
- Balance by Medica Bronze Copay \$0 Preferred Primary Care + Dental Reimbursement

### Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. Medica:

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

If you need these services, call the number included in this document or on the back of your Medica ID card. If you believe that Medica 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: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

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, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### If you want free help translating this document, call 1-800-952-3455.

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-800-952-3455.

Yog koj xav tau kev pab dawb txhais daim ntawv no, hu rau 1-800-952-3455.

如果您需要我們免費幫您翻譯此文件，請致電 1-800-952-3455。

Nếu quý vị muốn giúp dịch tài liệu này miễn phí, gọi 1-800-952-3455.

Sanadnikun kaffaltiimaleeakkaisiniifhiikamuyoobarbaadd-an 1-800-952-3455 tiinbilbilaa.

إذا كنت ترغب في مساعدة مجانية لترجمة هذا المستند، فاتصل على الرقم 1-800-952-3455.

Если вы хотите получить бесплатную помощь в переводе этого документа, позвоните по телефону 1-800-952-3455.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣິໃນການແປເອກະສານນີ້, ໃຫ້ໂທຫາ 1-800-952-3455.

이 문서를 번역하는 데 무료로 도움을 받고 싶으시면 1-800-952-3455로 전화하십시오.

Si vous désirez obtenir gratuitement de l'aide pour traduire ce document, appelez le 1 800 952 3455.

နမ့်လိင်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကွဲးကျိၣ်ထံလံာ်အံၤအယံၤ, ကိး 1-800-952-3455.

Kung nais mo ng libreng tulong sa pagsasalin ng dokumentong ito, tumawag sa 1-800-952-3455.

ይህን ሰነድ ለመተርጎም ነጻ እርዳታ ከፈለጉ በ 1-800-952-3455 ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovog dokumenta, nazovite 1-800-952-3455.

T'áá jiiik'é díí naaltsoos t'áá nizaadk'ehjí bee shí ká'adoowoł ninízingo kojí' hodíílnih, 1-800-952-3455.

Wenn Sie kostenlose Hilfe zur Übersetzung dieses Dokuments wünschen, rufen Sie 1-800-952-3455 an.