Dental Insurance Claim Form



Claim Form						Aseguradora	del Istmo
Company with whom you have t	he Policy:						
Policyholder's Name:							
Email:			Phone	:			
Name of person receiving the se	ervice:				Identification N°:	Age: _	
Name of Treating Dentist:			Phone	:			
SECTION I: To be completed	by the Policyholder c	or Claimant					
Type of condition: Accident 🗆	Illness 🗖	Other:					
n case of Accident: Describe the event:					Date of Occurrence:		
I hereby certify that the foregoing answers a other institutions to provide Aseguradora Company res	del Istmo (ADISA) S.A. with any in	formation including exa	ct copies of their recor	ds, laborato		to this claim. It is unders	
	Date:	Policy	/holder's signatu	ure:			
Remember to attach invoice	s for all dental services received, as	well as orders for study r	requests with their resp	ective report	s or results (images, others) prescribed b	y your Treating Dentist.	
SECTION II: To be completed	by the Treating Den	tist or Supplier					
Patient's Name:						Age:	
Type of condition: Accident 🗌	Illness 🔲 🛛 Ot	ther:	Date	e of onse	et of condition/ illness/accid	lent:	
Diagnosis/Diagnostic Impressio	n/Symptoms (Detail):		Tooth N°.	Surface	Description Ser	vice	Amount

*In case of Accident, describe the mechanism

Mark the pieces treated:

Tooth N°.	Surface	Description Service	Amount

Note: As the treating Dentist, I authorize hospitals and other institutions to provide the Insurance Company covered by this policy with all reports concerning the health of the insured patient, including all data on past illnesses. To this effect, in this case, I release the institutions or persons involved from professional secrecy and I state for the record that a copy of this authorization has the original value. Under oath, I declare that the information provided in this form was taken directly from both the insured patient and the clinical record.

Physician's Signature and Medical Code: ____

___ Stamp: ___

_ Date: _____

THE INSURANCE COMPANY will reimburse the medical fees charged, based on the individual conditions of the contracted policy. In no case will expenses that are not reasonably necessary be recognized as covered expenses, nor will any be paid in excess of the amount that should USUALLY be recognized for the service or drug in question.