



CENTRAL RESERVE LIFE INSURANCE COMPANY

17800 Royalton Road • Cleveland, OH 44136-5197 • 440-572-2400
www.centralreserve.com

ATTENDING DENTIST'S STATEMENT

\*\*\* DO NOT SEND X-RAYS \*\*\*

Form section for patient information, including fields for patient name, sex, birthdate, employee information, and insurance details.

Dentist section including fields for dentist name, address, license number, phone number, and treatment details.

Table for dental examination and treatment plan with columns for tooth number, surface, description of service, date performed, procedure number, and fee.

Final certification section with fields for dentist signature, date, and a breakdown of total fee charged (max allowable, deductible, carrier %, carrier pays, patient pays).

- NOTICE:** **For Arizona residents only:** We are required by Arizona law to inform you of the following: “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”
- NOTICE:** **For Colorado residents only:** We are required by Colorado law to inform you of the following: **“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”**
- NOTICE:** **For Indiana and Ohio residents only:** We are required by Indiana and Ohio law to inform you of the following: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”
- NOTICE:** **For Oklahoma residents only:** We are required by Oklahoma law to inform you of the following: **“WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”
- NOTICE:** **For Pennsylvania residents only:** We are required by Pennsylvania law to inform you of the following: “Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”