



# Medicare Advantage Dental Receipt Reimbursement

This form is to be used for reimbursement of dental services.

Please mail this Reimbursement Form and itemized bill and paid receipt to\*:

LIBERTY Dental Plan  
PO Box 401086  
Las Vegas, NV 89140  
Fax: (888) 401-1129

*\*All paid receipts require the date of service, name of Dental Provider, billable CDT codes, and full proof of payment. Cancelled checks are not acceptable in lieu of a paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Please do not staple receipts to your claim form. You must submit your claim to us within 12 months of the date you received the service.*

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## Section 1 – Member Information (please print)

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Member ID Number (refer to member ID card) \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_

Member Email \_\_\_\_\_

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## Section 2 – Dental Provider Information (please print)

Dental Office Name \_\_\_\_\_

Dental Provider Name \_\_\_\_\_

Dental Provider Address \_\_\_\_\_

Dental Provider Phone Number \_\_\_\_\_

Total Amount of Request (receipt must be attached) \$ \_\_\_\_\_

Dental Provider NPI or Tax ID \_\_\_\_\_

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## Section 3 – Member Representative

If you are a representative for the member and completing this request, please include at least one of the following and check which is included:

Appointment of Representative (AOR)

Power of Attorney

Durable Power of Attorney (DPA)

Authorization to Disclose Protected Health Information (PHI) Form

A copy of the checked form must be attached.

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## Section 4 – Member Signature

I certify that the expenses for which I am requesting reimbursement were incurred for service or supplies by me under the plan.

These services were furnished on or after the effective date of my plan. I understand reimbursement will be made in accordance with the guidelines set by the provisions of the plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please allow four to six weeks for reimbursement.*

*If you have questions, please call (888) 352-7811 (TTY: (877) 855-8039); Monday – Friday, 8 a.m. – 8 p.m.*

*Services provided by a dental provider or other practitioner who has been precluded by Medicare or debarred from receiving federal funds, except for emergency and urgently needed services, will not be covered.*

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