

# Medicare Advantage Dental Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Keep a copy of all documents for your records, as copies submitted with your request will not be returned. Not all plans include dental coverage or dental allowances. If your plan does not include dental coverage or dental allowances, disregard this form. You must submit your claim to us within 12 months of the date you received the service.

Date	
Name	
Address	
Date of birth	
Subscriber ID	
Dental provider's national provider identifier (NPI)/ taxpayer identification number (TIN)	
Dental provider's name	
Dental provider's address	

**Please mail to:**

Dental Claims Administrator  
P.O. Box 69421  
Harrisburg, PA 17106

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711), October 1 - March 31, 8 a.m. - 8 p.m., seven days a week; April 1 - September 30, 8 a.m. - 8 p.m., Monday - Friday.

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BCBSWNY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

Highmark BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-735-4515 (TTY 711)。

