PALMETTO GBA®
A CELERIAN GROUP COMPANY

PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION
FIELDS WITH A RED ASTERISK (*) ARE REQUIRED.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Dental Claim Additional Documentation Form

Provider Information

Contract/Region*

Provider Name*

Provider Number (PTAN)*

National Provider Identifier (NPI)*

Beneficiary Information

First Name*

Last Name*

Medicare ID*

Claim Information

ICN

Line Item Information

Dental Procedure Code*

Dental Modifier

Date of Service*

/ /

Comment (Optional)

Please send this form and all additional documentation to:

Fax
(803)382-2411

JJB-Dental

Revised: 3/6/2024