



4061 Powder Mill Road, Suite 325
Calverton, MD 20705-3149

(301) 937-4447 Washington Area
(800) 879-0288 Toll Free
(301) 937-0245 Fax
www.dentaquest.com

**EMERGENCY DENTAL CARE
EXPLANATION FORM**

Please complete this form, attach an itemized dental bill and/or receipt of payment, and mail to the above address within twenty (20) days of the service date.

A. MEMBER INFORMATION

Member's Name: _____ Social Security #: _____

Dependent's Name (if applicable): _____

Member's Address: _____
Street City State Zip

Work Phone: () _____ Home Phone: () _____

Employer Name: _____ Fee Schedule: _____

B. DENTIST INFORMATION

Dentist's Name: _____

Dentist's Address: _____
Street City State Zip

Date Emergency Services Provided: _____ Dentist's Phone Number: _____
(Month/Day/Year)

C. DESCRIBE YOUR EMERGENCY SITUATION

(Please attach additional sheet, if necessary)

Have you talked to a DentaQuest Member Services Representative about this emergency? Yes No

If so, please list their name: _____

Have you paid the dentist in full for services rendered? Yes No

(Please attach proof of payment) _____

I hereby certify that this information is true and to the best of my knowledge.

MEMBER'S SIGNATURE

DATE