



NADENT USE ONLY

333 West Drake Road Suite 21
Fort Collins, CO 80526
Tel: 1-800-632-3334 Fax: 970-226-0249

Company

Claimant

Address

Insured

City, State, Zip

Claim No.

Claim Examiner

Date of Loss

Phone

Ext.

FAX

Email Address

Has This Claim Been Previously Reviewed: No ☐ Yes ☐ Nadent #Date: Claim Type: Comp ☐ Auto ☐ Liab ☐ Other

Provider of Dental Services:

Rush (Add'l Fees Apply): No ☐ Yes ☐

PLEASE CHECK THE TYPE OF SERVICE REQUESTED

☐ REVIEW OF RECORDS FOR CAUSALITY INCLUDING REVIEW OF FEES

The following information is needed

- ☐ X-rays
- ☐ Treating Dentist Report and Fees
- ☐ Emergency Room Records
- ☐ First Report of Injury
- ☐ Tmd Review: In addition to above any Diagnostic Reports and Narratives from other Providers (Neurologists, Chiropractors, Orthopedists Etc.)
- ☐ Signed Authorization to Release Records

☐ FEE AUDIT ONLY

The following information is needed

- ☐ Treatment Plan and Fees

☐ PHYSICAL EXAMINATION INCLUDING REVIEW OF RECORDS AND FEES

The following information is needed

- ☐ Treating Dentist Report and Fees
- ☐ X-rays (If Available)
- ☐ Emergency Room Records
- ☐ First Report of Injury
- ☐ Attorneys Name & Address
- ☐ Claimants Name & Address
- ☐ Other Health Providers Diagnostic Reports
- ☐ Signed Authorization to Release Records

Comments:

Fill out information below if an I.M.E is requested.

Claimant's Information	Attorney's Information
Name	Name
Address	Address
Address	Address
City, State, Zip	City, State, Zip