



PO BOX 270430
 Fort Collins, CO 80527-0430
 Phone: 970-206-9267 Fax: 970-206-9958

NADENT USE ONLY	

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