Aflac
Benefits Solutions

DIRECT MEMBER REIMBURSMENT CLAIM FORM

****DENTAL ONLY FORM - Vision claims must be submitted directly to Davis Vision by member****

Both pages on this form must be filled out completely and must include the following to be considered for processing.

- Copy of the original itemized bill reflecting all submitted codes including the billed amount for each code.
- Copy of receipt showing proof of payment. **(Office ledger and/or invoice submission should still include receipt with proof of payment.)**

Cash register and credit card receipts alone are not acceptable as proof of payment. Reimbursement is not guaranteed. Claims will be subject to limitations, exclusions, and other provisions of the Plan Benefit.

Required

EMPLOYER INFORMATION

Company Name and Group ID#____
Subscriber Name ____
Member ID ____________ Date of Birth______________________

Patient Name ____
Relationship to Subscriber_______________________ Date of Birth______________________

Provider Name ____
Tax ID Number ____________________________
NPI Number _______________________________

TREATING LOCATION INFORMATION

Street__________________________City/State/Zip_______________________________
Phone Number (___)_______-_________ Email_____________________________________

Procedure Codes Requested for Reimbursement:

Date of Service	Procedure Code	Tooth/Area or Modifier	Amount Member Paid

REMEMBER TO INCLUDE A COPY OF THE ORIGINAL ITEMIZED BILL AND PROOF OF PAYMENT AND KEEP A COPY FOR YOUR RECORDS.

Under penalty of perjury, I agree to the following: This claim occurred while the patient was covered by this plan. The attached bill is an original and unaltered.

Subscriber Signature:_______________________________ **Date**__________________________________

Please mail or email this form with all required supporting documentation to:

Argus Dental & Vision Attn:
Claims Department
4211 W. Boy Scout Blvd.
Suite 295
Tampa FL 33607

Email: DMRClaimsIntake@aflac.com
Customer Service Phone Number: (855) 819-1873

Note: Failure to complete this form in its entirety with all necessary documentation included will result in the claim not being considered for processing.