

DELTA DENTAL OF MASSACHUSETTS CLAIM FORM

How do I submit a claim myself?

Fill out the claim form. You will need the ADA Procedure codes (provided by your dentist's office), along with your provider's information and TIN (tax identification number). If available, please attach a copy of your bill as well. You can mail or fax your completed claim form:

Mail your completed claim form to:

Attn: Claims
Delta Dental of Massachusetts
P.O. Box 2907
Milwaukee, WI 53201-2907

Fax your completed claim form to 617-886-1199. Please write "Attn: Claims" at the top.

How do I submit an out-of-country claim?

Delta Dental of Massachusetts provides benefits for services performed out of the country. If you see a dentist outside of the United States, you are responsible for obtaining the necessary documentation for services provided. The following information needs to be submitted:

- Itemized bill from the dentist converted to U.S. currency based on the date of service
- A completed claim form with subscriber identification number and the group number
- English translation of all materials

Mail your completed claim form to:

Attn: Claims
Delta Dental of Massachusetts
P.O. Box 2907
Milwaukee, WI 53201-2907

Delta Dental reimburses out-of-country claims based on the 90th percentile of Manhattan, New York fees. It is recommended that members see dentists in the United States if possible, to receive the full benefits of their dental plan.