

To: Liisa Kuukari

Scan & email to: lisa.kuukari@uhc.com

or Fax to 855-816-0796

Name:

Phone #

Member ID# _____

PLEASE FORWARD TO THE MEDICAL CLAIMS TEAM FOR PROCESSING.

Pediatric Preventive Dental.

For those age 18 and under: 2 oral exams per calendar year, 2 cleanings per calendar year, 2 fluoride treatments per calendar year, 2 sealant treatments per calendar year and one set of x-rays per calendar year.

INN BENEFIT: 100% of Billed Charges, deductible does not apply

OON BENEFIT: 100% of Billed Charges, deductible does not apply