Helping You Understand, How To Arrange for Claims Submission and Payment from An Out-of-Network Dentist



If you visit an out-of-network dentist, HRI Dental & Vision will be happy to accept claims directly from your dentist. At times, your dentist may be unwilling to submit a claim for you, and you may be personally responsible for submitting claims directly to HRI. Some out-of-network dentists will file the claim as a courtesy to their patients, but they are under no obligation to do so. If a member has to submit the claim, the member must provide all the information the plan needs to process such claims, including an ADA approved claim form, an invoice of the charges and proof of payment. If a member does not provide this information, a member may not be paid, or the payment will be distributed to the out-of-network dentist.

A member is responsible for the deductible, any out-of-pocket expenses required by the plan including the co-insurance and the cost of services that are not covered by the plan, and any charges above the maximum allowable for the service.

Filing a Claim

Network dentists are responsible for submitting claims to HRI Dental & Vision on your behalf. Out-of-network dentists may file the claim as a courtesy to their patients but are under no obligation to do so. The following information should be included on a standard ADA claim form:

a. Covered employee's name, address, and policyholder member ID.
b. Patient's name and date of birth.
c. Itemized bill including the ADA code, description of each charge, and date of service.
d. Name and address of the rendering dentist.
e. Rendering dentist's tax ID number.

Claim should be submitted to the following:

HRI Dental & Vision
P.O. Box 659
Evansville, Indiana 47704

Note: To be considered for payment, a claim must be submitted within 1 year from the date of service. Some services may require additional information, such as a radiograph image or a periodontal chart before being processed. Benefit payment can only be determined at the time that that claim is submitted with all required documentation. Reference the Plan General Exclusions, Limitations, and Restrictions, including provider supporting documentation provision for more information.

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