

Claim Filing Information

Submit a **separate Claim Form for each individual by date of treatment.**

Claims MUST be filed within sixty (60) days of the treatment date, or MUST be filed within an additional thirty (30) days from the date of treatment, if your Primary Insurance Provider is other than DCUE Dental Reimbursement Fund. Late claims are assessed a 20% late penalty. Call to explain special circumstances. Claims filed after sixty (60) days past the end of the Plan Year (August 31) will be denied. Absolute deadline is October 31st.

If you have not paid your bill in full- Contact our office prior to submitting your claim to discuss your situation.

Send this Claim Form to DCUE Dental Reimbursement Fund either through school district interoffice mail or U.S. Mail
-DCUE Dental • 6950 146th Street West Suite 114 • Apple Valley MN 55124-

Reimbursement checks will be made payable to the district employee, and will be distributed through U.S. Mail to your address on file. If you have any changes in name(s), address or additions to family log into the Dental Members page, found at dcue.org, and edit your enrollment form during months August-May. June thru July notify DCUE Dental office by email. You must be enrolled in the current plan year to receive reimbursement. Open Enrollment closes June 1 of each plan year.

If you have any questions, please call the DCUE Dental Reimbursement office at 952-432-4033 or email dental@dcue.org.

FILING CLAIMS

1. Determine whether to use Claim Form (A): Dental or Ortho or Claim Form (B): Oral Surgery/Wisdom Teeth, based on type of treatment performed.
2. Fully complete all sections of the claim form. Sign and date the bottom portion of the claim form. *Please note: the claim form should be completed in full by the Member.*
3. Complete separate claim forms for each patient and/or each date of treatment. These forms are available in the DCUE office or online at www.dcue.org under the Dental Tab.
4. We are bound by regulations requiring that the following **supporting documentation** MUST be provided along with the claim form:
 1. An itemized statement from the dental provider showing: patient name, date of treatment, specific work done, charges and proof of payment. We cannot accept proof of payment in the form of handwritten “paid” or stamped as “paid” on the statement. Itemized details (numbers) MUST balance, line item for all adjustments/discounts/fees/etc need to be listed on supporting documentation.
 2. An EOB (Explanation of Benefits) from the primary insurance company (if applicable). These are typically mailed to you from your insurance company or can be retrieved through your online portal.
 - If your family has additional dental *insurance*, you need to **file through that primary insurance first**. (DCUE Dental is *always* considered secondary).
 - Any portion not paid by the primary insurance can be submitted to DCUE Dental for reimbursement. Be sure to attach a copy of the EOB and itemized statement from the dental office with your claim form.
 - **Oral Surgery claims** require treatment charges to be submitted to medical insurance first. If an EOB is not generated by the insurance provider than a denial of coverage letter is required.
5. Send your claim form and supporting documentation to: DCUE Dental Reimbursement Fund either through District mail, drop-off or through U.S. Mail to the address on the claim form.
6. **Filing deadlines:**

Claims must be filed within sixty (60) days of the treatment (90 days if there is primary insurance involved, Dental or Medical). Late claims are paid on 80% of amount claimed. We do not reimburse finance charges and/or late fees.
7. Claims filed after sixty (60) days past the end of the Program Year (October 31) will be denied. The deadline to submit claims from the previous plan year is October 31st.
8. **Reimbursement checks** will be made payable to the district employee, and will be distributed through U.S. Mail to your home address. **Be sure to update your address and/or name changes by updating your online enrollment form, marking new address on claim form or notifying our office of your changes.**