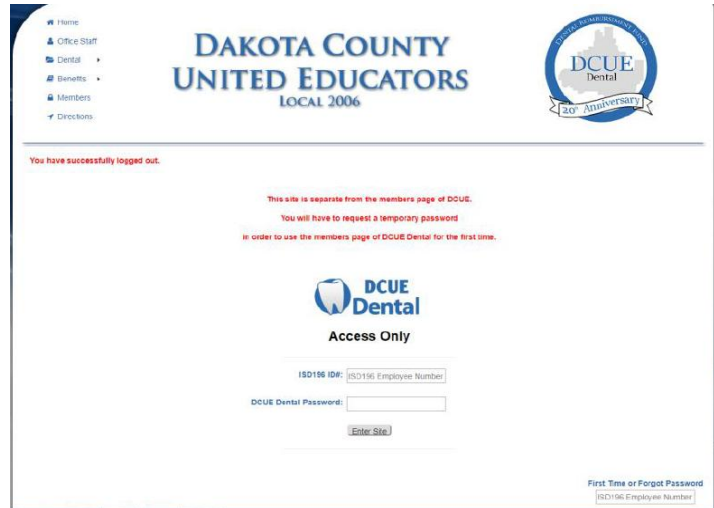


#1 Logging into Webpage

- 1) Go to www.dcue.org
- 2) Click on Dental Members
- 3) Enter Employee #
- 4) Enter Password
- 5) Click on Enter Site

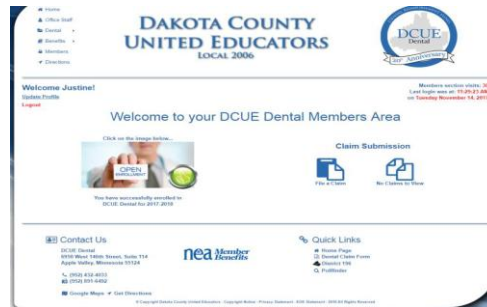
* same as when you complete your annual enrollment.

You can request a new temp password from this page if needed.



#2 Online Claim Filing

- 1) Click on File a Claim
- 2) Click on View a Claim to check your claim status



#3 File Claim Form

- 1) Employee information will automatically populate. **Be sure to change and mark if you have a new address**
- 2) Complete each Section of the claim form. **1 claim form for each patient and 1 claim form for each date of treatment**
- 3) Complete the Dental Treatment info. **Fill in Dental Only or Ortho Only side of Section 2**
- 4) Upload your dental statements. **Directly on the claim form you will be able to upload a PDF ONLY- upload up to 2 files**
If you have other insurance you will upload your Explanation of Benefits (EOB) under the last question in Section 3
- 5) Type in initials and click File Claim.

DCUE Dental Reimbursement Fund
6950 West 146th Street, Suite 114, Apple Valley, MN 55124 (952) 432-4033 ISD 196 Teachers & Nurses

2018-2019 Claim Form

Section 1: Employee Information

Employee #1 ID Number:	Last Name	First Name	Date of Birth	School	Retired/Cobra
99999	Kolb	Justine	12/03/1986	INITIALS ONLY	No

Is this a new address: ☐ No ☐ Yes

Address	City	State	Zip
6950 146th Street W #114	Apple Valley	MN	55124

Section 2: Dental Treatment Information

Name of Patient: Justine Relationship to Employee: Self

Dental Only: Date of dental treatment: mm/dd/yyyy Amount paid by participant: \$

Ortho Only: Date ortho payment made: mm/dd/yyyy Ortho payment(s) made: \$ (enter last payment date if multiple dates combined)

Name of dental/ortho provider: Address of dental/ortho provider: Phone number of dental/ortho provider: (555) 555-5555

Section 3: Supporting Documentation Required

☐ Patient is NOT covered under another dental or medical program, other than DCUE Dental Reimbursement Fund, for the treatment claimed on this claim form.

☐ I am attaching an **itemized statement** showing name of patient, date of treatment, specific treatment completed, charges, and payments made for which I am requesting reimbursement.

Please make sure to only upload a PDF.

Please make sure file names do not have special characters in them such as: <>|%&#?

Required only if other insurance Applies

☐ No ☐ Yes I am attaching the **Explanation of Benefits** from the primary insurance provider or other reimbursement plan for the treatment claimed on this claim form.

Please make sure to only upload a PDF.

Please make sure file names do not have special characters in them such as: <>|%&#?

I certify that the charges for which I am requesting reimbursement are not covered under any other dental or medical insurance, and that they have been paid and are accurate. In addition, I understand that my claim will be returned if ALL required documentation is not attached.

Initials: PLEASE TYPE INITIALS HERE Date: 11/01/2018

Additional information below

Additional Information for Online Claim Submission

*If you have not completed a current plan year enrollment form you will not be able to submit a claim.
Online Claim Submission is not required; paper claims are still accepted.*

Your employee information from your enrollment will automatically populate a number of fields on your claim form.

- School field: enter the school's initials where your mailbox is located.
- Retired/COBRA field: answer YES if you are Retired, on a Leave of Absence, Terminated, etc. Otherwise leave as no.
- Section 2: claim form can be used for Dental or Orthodontic claims, but NOT together on the same claim submission. File separate claim for Dental and Orthodontic claim.
- Section 2: One date of treatment and one patient per claim submission.
- Section 3: You must answer all questions in this section in order to file your claim.
- Section 3: attaching your *Itemized Statement
 - *If the statement from the dental/orthodontic office has multiple pages you can upload up to TWO files.
 - *If the statement has multiple patients listed you may use the same statement for separate claim submissions. Be sure the statement lists all the necessary information for each patient.
- Section 3: If there is other insurance involved: Select YES to attaching the Explanation of Benefits (EOB). You will then have the option to upload ONE file.
- Once initials are entered the option to File Claim will pop-up.

After you have filed your claim you will see the View Claims update under the Member Area.

In View Claims you can see your Electronically submitted claims and the status of those claims. Once your claim is complete you can retrieve a COPY of your EOB from DCUE Dental.

Call us with questions.
Thank you
Justine & Theresa

952-432-4033