

# Medicare Advantage Dental Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Not all plans include dental coverage or dental allowances. If your plan does not include dental coverage or dental allowances, please disregard this form. You must submit your claim to us within 12 months of the date you received the service.

<b>Date:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Subscriber ID:</b>	
<b>Group Number:</b>	
<b>Provider Name:</b>	
<b>Provider Address:</b>	

**Please mail to:**

Medicare Advantage Customer Service  
PO Box 15013  
Albany, NY 12212-5013

Please allow four to six weeks for reimbursement. If you have any questions, contact Customer Service at 1-800-329-2792 (TTY 711).

**We're available:**

- April 1 – September 30 8 a.m. – 8 p.m., Monday – Friday
- October 1 – March 31 8 a.m. – 8 p.m., 7 days a week

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