



DentalGuard Networks
P.O. Box 981574
El Paso, TX 79998-1574
1-800-890-4774

December 15, 2020

«Business»
«Address1» «Address2»
«City» «State» «PostalCode»

«BarCode» «SortPosition» «Traynumber»

Dear Dentist(s):

Pursuant to Adopted Rule NJAC 11:22-1 of the New Jersey Department of Banking and Insurance Regulations, Guardian must notify you that in order for us to pay claims promptly, as required by New Jersey Regulations, a dental claim submitted to us must be considered, by us, to be a “clean claim”.

Guardian defines a clean dental claim as following:

A claim submitted by a claimant for payment of covered dental benefits that can be processed without the need for any additional information. The claim must be submitted on the appropriate dental claim form, with all data elements completed correctly.

A clean claim is not a claim that requires Guardian to: obtain additional information from the dentist or patient, e.g primary carrier vouchers, medical vouchers, radiographs, patient or dentist information; obtain information on student eligibility or on over-age dependents, or a claim related to an investigation of possible fraud or misrepresentation of information.

A clean claim must include the following data elements:

Patient Name (First name, middle initial, last name)

Patient date of birth

Patient complete address

Patient sex

Patient relationship to insured/employee

Patient marital status

Other health insurance coverage information

Other insured name, date of birth, sex

Insurance Company name

Policy/Group number

Employer name or School name

Insured/Employee name (First name, middle initial, last name)

Insured/Employee date of birth

Insured/Employee social security number

Insured/Employee Policy/Group number

Insured/Employee employer name

Insured/Employee complete address

Please see reverse side

Dentist name (First name, middle initial, last name)

Dentist complete address and telephone number

Dentist Tax identification or social security number

Date of service, ADA code, description of service, tooth number, arch or quadrant, surface codes, fee charged, and applicable radiographs and pocket depth probing, by report ADA code narratives

Dentist signature and date

Indication if service is a result of an accident or work-related (If result of an accident, major medical vouchers will be requested and benefits will be coordinated)

Indication if a prosthetic is initial or replacement, and, if a replacement, the initial placement date.

For orthodontic benefits, the following data elements must be submitted in addition to the prior data requirements:

Orthodontic total treatment fee

Orthodontic total number of estimated months of treatment

Orthodontic date of service when the appliance is placed

We will always attempt to process the claim with the information provided. However, under the New Jersey regulations, we are required to provide you a list of our guidelines.

You have the right to contact us for an appeal review of a dispute you may have over a claim determination. A written decision will be provided to you within 10 business days of the receipt of the appeal. If you are still not satisfied, you have the right to have any disputed claim reviewed before an independent arbitrator.

Should you need to send correspondence to us by certified/registered mail, our street address is:

Guardian Life Insurance Company
605 E. Holland Ave., Suite 300
Spokane, WA 99218

Should you have any questions, regarding this information, please contact us at 1-800-890-4774.

Sincerely,

Guardian Dental Networks