

Submit claims and pre-determination requests 3 ways:

Include supporting documentation and/or x-rays.

1 ELECTRONIC SUBMISSIONS
Use payor ID CX061

2 FAX SUBMISSIONS
1-877-843-3945

3 MAIL SUBMISSIONS
The Lincoln National Life Insurance Company
Dental Claims
P.O. Box 3464
Omaha, NE 68103-0464

Pre-determination requests

When the cost of treatment is expected to be \$300 or more, pre-determination of benefits is recommended.

Claim submission considerations¹

There is a 15-month filing limit for all claims.

X-rays, narrative/office notes, and photos (if available) are required for claims with:

- Crowns
- Retreatment of root canals
- Bone grafts
- Alveoloplasty
- Bridges and implants (send FMX or pano)
- Oral surgery
- Apicoectomy
- Crown lengthening

Periodontal charting, x-rays, and photos (if available) are required for claims with:

- Scaling and root planing
- Periodontal surgery

Please include operative notes and anesthesia records for anesthesia claims.

If you have additional questions about the plan, please call **1-800-423-2765**, or contact us via email at claims@lfg.com.

Electronic remittance advice

Electronic remittance advice (explanation of payment) for claim reimbursement made via virtual card or ACH draft can be found by visiting <https://providerpayments.com>.