Orthodontic Continuation of Care Request Form

Date: ____________________________

Member Name (Patient): ____________________________

Please provide the following information for the above named patient:

Member ID (Patient): ____________________________ Date of Birth: ____________________________

Prior Carrier(s) Lifetime Ortho Maximum: ____________________________ Total Monthly Visits: ____________________________

Banding Date: ____________________________ Total Case Fee: ____________________________

Total Dollars Paid to Date by Prior Carrier(s): ____________________________ Remaining Monthly Visits: ____________________________

Continuation of Care (COC) Request Procedure

1. Complete this form (Orthodontic Continuation of Care Request Form) to transition the above listed member’s benefits to the Mutual of Omaha program.

2. Complete ADA Claim Form (preferably 2012 or newer) in full, being sure to complete the following required fields for COC
   - Service Line 1
     - Field 24: Date of Service (date should be on or after the effective date with the current Mutual of Omaha Policy. This could be the first periodic ortho visit date for reference.)
     - Field 29: Should be the continuation code D8999 followed by the monthly fee in Field #31 of the same line.
   - No other information is needed in the record of services.
   - Field 35: In remarks - include the Total Case Fee, and estimated months of treatment
   - Fields 40, 41, 42: should be completed as normal.
   - Field 42: Months of Treatment Remaining
   - Use the patient’s information for Name, DOB, etc.
   - Indicate on this form only what the prior carrier paid (not including patient payment) towards dental services.

3. Mail completed Orthodontic Continuation of Care Request Form and ADA Claim Form to the following address:
   Mutual of Omaha
   P.O. Box 211472
   Eagan, MN 55121

Please Note:
   - Primary Carrier EOB is not required
   - D8999 is a non-payable COC indicator code. Monthly adjustment payment will be automated and begin the month following approval.

Additional comments: ____________________________