

## Electronic Claim Application

<b>Requester Information</b> Please complete all required* fields below.			
United Concordia Provider Number			
NPI Number*			
Tax Identification or Social Security Number*			
Your Name*			
Your Title*			
Name of Office*			
Street Address 1*			
Street Address 2			
City*		State*	Zip*
Office Phone Number*			

<b>Clearinghouse Information</b>			
Clearinghouse Source Code (if known)			
Clearinghouse Name			
Software Vendor Name*			

**A Note on Turnaround Times**

Within 1-3 business days you will be contacted by a Dental Electronic Services representative regarding the status of this request.