Septiment of Actual Services	American Dental Association Dental Claim Form			
	HEADER INFORMATION	PO Box	⟨ 8690	
STATEST NOT STATE	Type of Transaction (Mark all applicable boxes)			
POLICYIOLDERSQUISCRIBER INFORMATION For insurance Company Named in F3	Statement of Actual Services Request for Predetermination/Preauthorization			
MEDICANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION	EPSDT/Title XIX	314-656	5-3001	
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A principal policy Principal	5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)			
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