

If dental benefits are obtained from a provider who does not file the claim on the enrollee's behalf, it is the enrollee's responsibility to file the claim with FCL.

To file a claim, the enrollee may request a claim form from FCL. The enrollee must obtain an itemized statement from their dentist and attach it to a completed ADA claim form. The itemized statement must contain the following information:

- The date the dental benefit was provided
- A description of the dental benefit
- The amount actually charged by the dentist
- The dentist's name and address
- The patient's name
- The policyholder's name

Claims should be submitted to:

Florida Combined Life Insurance Company, Inc.  
P O Box 1047  
Elk Grove Village, IL 60009-1047

For Customer Service please call 1-888-223-4892.

Written notice of the claim must be given to FCL within twenty (20) days after the date of service or as soon thereafter as reasonably possible. If proof of loss is not sent within the time requested the claim will not be denied if it was not possible to send proof within this time. In any event, the proof required must be sent no later than 15 months after the date of service unless the enrollee was legally incapacitated.