

Completing the ADDP OCONUS Claim Form

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid Office of Management and Budget (OMB) control number. **Please do not return your response to the above address. Responses should be sent to the address provided below.**

The completed form should be sent to:
United Concordia, ADDP OCONUS Dental Unit, P.O. Box 69457, Harrisburg, PA 17106-9452

Most of the ADDP Claim form is self-explanatory; however, there are certain fields to which special attention should be paid.

- Box 4. Active Duty Service Member's (ADSM) Social Security Number (SSN) or Dental Benefits Number (DBN).** The ADSM's nine-digit SSN or 11-digit DBN must appear on every claim form.
- Box 5. Mailing Address.** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- Box 9. Release of information.**
- Box 10. Dentist Name, provider number and license number.** The provider number represents the provider number assigned by United Concordia.
- Box 11. Dentist Email and Phone number.** Include the country code and city code, along with local number.
- Box 12. Dentist address.** Include street, city, country, and postal mailing code.
- Box 13. Dental Readiness Classification (DRC).** The individual you are examining is an Active Duty Service Member of the United States Uniformed Forces. This ADSM needs your assessment of his/her dental health for worldwide duty. Please mark (X) in the field, that best describe the condition of the ADSM, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the ADSM's comprehensive dental needs.
- Box 14. DRC Block 3 condition explanation or Clinical Narrative requirement.** Please briefly describe condition if block 3 for Dental Readiness Classification was selected. This block should also be used to provide a clinical narrative for required procedures.
- Box 15. Examination and treatment plan.** Provide a detailed description of the services performed including applicable tooth numbers, dates of service, and fee charged.
- Box 19. Indicate Currency: Indicate type of currency billed (U.S. dollars or local).**

General Instructions

All claim forms should be submitted to United Concordia as soon as possible after the service date, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.

- The ADSM must sign the appropriate sections of the claim form.
- The dentist must sign the appropriate sections of the claim form.