

**PLEASE READ THIS INFORMATION CAREFULLY. It is important.**

**PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM**

**ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED. PROCESSING OF YOUR CLAIM WILL BE DELAYED IF COMPLETE INFORMATION IS NOT RECEIVED**

**NOTE:** The accident policy benefits are limited and may not provide 100% coverage. Accident medical expense coverage under this policy is provided on an Excess Basis, and in most instances, benefits will only be paid under this plan after your own personal or group insurance has paid out its benefits. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.

**Claim Guidelines: The following guidelines must be followed.**

◆Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.

◆If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits (sample attached) notice from your primary carrier, send it to us along with the corresponding HCFA/UB04 medical bills and with the fully completed claim form. You must submit the provider's medical bills; balance due statements will not be processed. Medical bills must include the procedure & diagnosis code along with the Provider's federal identification number. These bills are:

- 1) HCFA-1500 (standard form used by Providers; sample attached)
- 2) UB-04 or UB-92 (standard form used by Hospitals sample attached)
- 3) ADA Dental Claim Form and a letter from the dentist verifying the injured tooth was whole, sound and natural. (All dental bills must be submitted through your primary insurance's medical and dental plans first before submitting the bills to WebTPA)

It would be helpful if the following was given to all providers the injured person is seeking treatment from:

1. WebTPA contact information
2. Organization/School name found on the claim form
3. Policy number found on the claim form

This way the providers of service can work directly with the claim office and provide them with the correct billing forms (itemized bill to include procedure & diagnosis code and tax id number) needed to process a claim.

◆If you already paid the medical bill, include a paid receipt or a copy of your cancelled check at the same time you submit the medical bill. Otherwise payment will be made to the providers of service (Hospital, Physician or Others).

◆Send all correspondence to WebTPA, Inc., **P.O. Box 2415 Grapevine, TX 76099-2415**. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident. File claim electronically by clicking [here](#).

◆If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.

◆Please contact WebTPA, Inc. by calling **866-975-9468** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

#### **Common Causes For Delays In Processing Claims**

1. Claim Forms Not Completed In Full or Not Submitted.
2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.

**KEEP COPIES OF ALL CLAIM FORMS, MEDICAL BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARRIER →

[illegible]

# DENTAL PLAN CLAIM FORM

| American Dental Association Dental Claim Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
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| <b>HEADER INFORMATION</b><br>1. Type of Transaction (Mark all applicable boxes)<br><input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Preauthorization/Presubmital<br><input type="checkbox"/> EPIDIO Title XIX<br>2. Preauthorization/Presubmital Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION</b><br>3. Company/Plan Name, Address, City, State, Zip Code<br><div style="text-align: center;">Insurance Company Name</div> Address 1<br>Address 2<br>City                      ST                      ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>OTHER COVERAGE</b><br>4. Other Dental or Medical Coverage? <input type="checkbox"/> No (Skip 5-11) <input type="checkbox"/> Yes (Complete 5-11)<br>5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)<br>6. Date of Birth (MM/DD/YYYY)    7. Gender    8. Policyholder/Subscriber ID (SSN or ID#)<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Self    <input type="checkbox"/> Issue    <input type="checkbox"/> Dependent Child    <input type="checkbox"/> Other</span> <span><input type="checkbox"/> M    <input type="checkbox"/> F    <input type="checkbox"/> F</span> </div> 9. Plan/Issue Number<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Self    <input type="checkbox"/> Issue    <input type="checkbox"/> Dependent    <input type="checkbox"/> Other</span> <span><input type="checkbox"/> M    <input type="checkbox"/> F    <input type="checkbox"/> F</span> </div> 10. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code<br><div style="text-align: center;">Other Insurance Company Name</div> Address<br>City                      ST                      ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>PATIENT INFORMATION</b><br>11. Relationship to Policyholder/Subscriber in #12 Above<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Self    <input type="checkbox"/> Issue    <input type="checkbox"/> Dependent Child    <input type="checkbox"/> Other</span> <span><input type="checkbox"/> FTS    <input type="checkbox"/> PFS</span> </div> 13. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code<br><div style="text-align: center;">Patient Name</div> Address 1<br>Address 2<br>City                      ST                      ZIP<br>14. Date of Birth (MM/DD/YYYY)    15. Gender    16. Patient ID/Account # (Assigned by Dentist)<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> M    <input type="checkbox"/> F    <input type="checkbox"/> F</span> <span><input type="checkbox"/> M    <input type="checkbox"/> F    <input type="checkbox"/> F</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>RECORD OF SERVICES PROVIDED</b><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>24. Procedure Date (MM/DD/YYYY)</th> <th>25. Date of Exam (MM/DD/YYYY)</th> <th>26. Teeth Number(s) or Surface</th> <th>27. Tooth Surface</th> <th>28. Procedure Code</th> <th>29. Description</th> <th>30. Fee</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> |                               |                                |                   |                    |                 |         |  |  |  |  |  | 24. Procedure Date (MM/DD/YYYY) | 25. Date of Exam (MM/DD/YYYY) | 26. Teeth Number(s) or Surface | 27. Tooth Surface | 28. Procedure Code | 29. Description | 30. Fee | 1 |   |   |   |   |    |    | 2  |    |    |    |    |    |    | 3  |    |    |    |    |    |    | 4  |    |    |    |    |    |    | 5  |    |    |    |    |    |    | 6  |    |    |    |    |    |    | 7  |    |    |    |    |    |    | 8  |    |    |    |    |    |    | 9  |    |    |    |    |    |    | 10 |    |    |    |    |    |    | 11 |    |    |    |    |    |    | 12 |    |    |    |    |    |    | 13 |    |    |    |    |    |    | 14 |    |    |    |     |     |     | 15 |  |  |  |  |  |  | 16 |  |  |  |  |  |  | 17 |  |  |  |  |  |  | 18 |  |  |  |  |  |  | 19 |  |  |  |  |  |  | 20 |  |  |  |  |  |  | 21 |  |  |  |  |  |  | 22 |  |  |  |  |  |  | 23 |  |  |  |  |  |  |
| 24. Procedure Date (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25. Date of Exam (MM/DD/YYYY) | 26. Teeth Number(s) or Surface | 27. Tooth Surface | 28. Procedure Code | 29. Description | 30. Fee |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
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| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>MISSING TEETH INFORMATION</b><br>34. (Place an 'X' on each missing tooth)<br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>35. Permanent</td> <td>36. Primary</td> <td>37. Other</td> </tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td>32</td><td>33</td></tr> <tr><td>34</td><td>35</td><td>36</td></tr> <tr><td>37</td><td>38</td><td>39</td></tr> <tr><td>40</td><td>41</td><td>42</td></tr> <tr><td>43</td><td>44</td><td>45</td></tr> <tr><td>46</td><td>47</td><td>48</td></tr> <tr><td>49</td><td>50</td><td>51</td></tr> <tr><td>52</td><td>53</td><td>54</td></tr> <tr><td>55</td><td>56</td><td>57</td></tr> <tr><td>58</td><td>59</td><td>60</td></tr> <tr><td>61</td><td>62</td><td>63</td></tr> <tr><td>64</td><td>65</td><td>66</td></tr> <tr><td>67</td><td>68</td><td>69</td></tr> <tr><td>70</td><td>71</td><td>72</td></tr> <tr><td>73</td><td>74</td><td>75</td></tr> <tr><td>76</td><td>77</td><td>78</td></tr> <tr><td>79</td><td>80</td><td>81</td></tr> <tr><td>82</td><td>83</td><td>84</td></tr> <tr><td>85</td><td>86</td><td>87</td></tr> <tr><td>88</td><td>89</td><td>90</td></tr> <tr><td>91</td><td>92</td><td>93</td></tr> <tr><td>94</td><td>95</td><td>96</td></tr> <tr><td>97</td><td>98</td><td>99</td></tr> <tr><td>100</td><td>101</td><td>102</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                |                   |                    |                 |         |  |  |  |  |  | 35. Permanent                   | 36. Primary                   | 37. Other                      | 1                 | 2                  | 3               | 4       | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 35. Permanent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 36. Primary                   | 37. Other                      |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                             | 3                              |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                             | 6                              |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8                             | 9                              |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                            | 12                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14                            | 15                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17                            | 18                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20                            | 21                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23                            | 24                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26                            | 27                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 29                            | 30                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32                            | 33                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35                            | 36                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 38                            | 39                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 41                            | 42                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 44                            | 45                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 47                            | 48                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 50                            | 51                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 53                            | 54                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 56                            | 57                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 59                            | 60                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 62                            | 63                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 65                            | 66                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 68                            | 69                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 71                            | 72                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 74                            | 75                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 77                            | 78                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 79                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80                            | 81                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 83                            | 84                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 86                            | 87                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 89                            | 90                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 92                            | 93                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 95                            | 96                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 98                            | 99                             |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 101                           | 102                            |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>AUTHORIZATIONS</b><br>38. I have been informed of the treatment plan and associated fees. I agree to be responsible for all costs from dental services not covered by this dental plan. I understand that certain services, or the timing, extent or dental practice had a contractual agreement with my plan pertaining all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.<br>Patient/Insurance Signature _____ Date _____<br>39. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dental or dental entity.<br>Insurance Signature _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>ILLING DENTIST OR DENTAL ENTITY</b> (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient to a third-party payer)<br>40. Name, Address, City, State, Zip Code<br><div style="text-align: center;">Dentist Name</div> Address 1<br>Address 2<br>City                      ST                      ZIP<br>41. Fax #    42. License Number    43. SSN or TIN<br>ST                      State                      I.D.A. #/License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |
| <b>ANCILLARY CLAIM/TREATMENT INFORMATION</b><br>39. Place of Treatment    40. Number of Enrollments (00 to 99)<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Private Office    <input type="checkbox"/> Hospital    <input type="checkbox"/> EOP    <input type="checkbox"/> Other</span> <span><input type="checkbox"/> 00    <input type="checkbox"/> 01    <input type="checkbox"/> 02    <input type="checkbox"/> 03    <input type="checkbox"/> 04    <input type="checkbox"/> 05    <input type="checkbox"/> 06    <input type="checkbox"/> 07    <input type="checkbox"/> 08    <input type="checkbox"/> 09</span> </div> 41. Date of Treatment to Onset/Onset    42. Date of Treatment to Onset/Onset<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes (Skip 41-42)    <input type="checkbox"/> No (Complete 41-42)</span> <span><input type="checkbox"/> Yes (Skip 41-42)    <input type="checkbox"/> No (Complete 41-42)</span> </div> 43. Months of Treatment    44. Requirement of Preauthorization    45. Date First Placement (MM/DD/YYYY)<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span> <span><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span> </div> 46. Treatment Resulting from    47. Accidental Injury/Injury    48. Accident    49. Other Accident    50. Other Accident<br>                                                                                                                                                       |                               |                                |                   |                    |                 |         |  |  |  |  |  |                                 |                               |                                |                   |                    |                 |         |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |

**UNITEDHEALTHCARE SERVICE LLC**  
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**PAGE: 1 OF 1**  
**DATE: 04/29/19**  
**SSN/ID #:**  
**EMPLOYEE:**  
**CONTRACT:**  
**BENEFIT PLAN: PFIZER INC**

## EXPLANATION OF BENEFITS

| 1<br>PATIENT/RELAT CLAIM NUMBER                                                                                             | 2<br>3<br>SERVICE PROVIDER / SERVICE | 4<br>DATE OF SERVICE | 5<br>AMOUNT CHARGED | 6<br>NOT COVERED | 7<br>AMOUNT ALLOWED | 8<br>9<br>COPAY / DEDUCTIBLE | 10<br>PLAN COVERS | 11<br>BENEFIT AVAILABLE | 12<br>REMARK CODE |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------|---------------------|------------------|---------------------|------------------------------|-------------------|-------------------------|-------------------|
| 9061512101                                                                                                                  | MEDICAL SERVICES                     | 03/19/10             | 379.00              | 297.83           | 81.17               |                              | 80%               | 64.94*                  | 4C                |
|                                                                                                                             |                                      | <b>TOTAL</b>         | <b>379.00</b>       | <b>297.83</b>    | <b>81.17</b>        |                              |                   |                         |                   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> MEDICARE PAID 44.64<br/> PLAN PAYS 20.30 </div> |                                      |                      |                     |                  |                     |                              |                   |                         |                   |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE" (4C) THIS PLAN DETERMINES BENEFITS ONCE MEDICARE MAKES PAYMENT. IF MEDICARE PAYS LESS THAN THIS PLAN'S BENEFIT, THIS PLAN WILL CONSIDER THE DIFFERENCE. THIS PLAN'S ALLOWABLE BENEFITS ARE BASED ON THE MEDICARE APPROVED AMOUNT IF THE PHYSICIAN OR PROVIDER ACCEPTED MEDICARE'S ASSIGNMENT OR ON THE LIMITING CHARGE IF THEY DID NOT ACCEPT THE ASSIGNMENT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE ALLOWABLE AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS. THE PATIENT MUST PAY ANY APPLICABLE PLAN DEDUCTIBLES AND COPAYS BEFORE THIS PLAN CAN PAY ANY BENEFITS.

**BENEFIT PLAN PAYMENT SUMMARY INFORMATION**  

\$20.30

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| SATISFIED 2019 TO-DATE | DEDUCTIBLE       | OUT OF POCKET    |
|------------------------|------------------|------------------|
| FAMILY                 | \$1000.00        | \$1328.71        |
| SP                     | \$500.00         | \$1281.45        |
| PLAN YEAR 2010         | FAMILY \$1000.00 | FAMILY \$4900.00 |
|                        | INDIV \$500.00   | INDIV \$4900.00  |

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Gerber Life  
Insurance Company

## CLAIM FORM

### SIGNED CLAIM FORM IS REQUIRED

1. PLEASE FULLY COMPLETE THIS FORM PAGE 1 & PAGE 2
2. ATTACH HCFA/UB04-MEDICAL BILLS & EOB'S FROM ANY OTHER INSURANCE YOU HAVE
3. SEND ALL CORRESPONDENCE TO:

WEB-TPA  
P.O. Box 2415  
Grapevine, TX 76099-2415

Toll-Free: 866-975-9468  
Fax: 469-417-1969  
Email: [benefit.assist@webtpa.com](mailto:benefit.assist@webtpa.com)  
File Electronically: Click [Here](#)

#### IMPORTANT NOTICE:

This plan of insurance is secondary, in most instances, to any health insurance you have. If you have other insurance, submit your claim (health and/or dental) to your other insurer. When you receive their Benefit Statement, send it to us along with your HCFA/UB04 (medical bills) and this completed form. Note: **The accident policy benefits are limited and may not provide 100% coverage.**

◀ IF PART 1-A & PART 1-B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED ▶

#### PART 1-A – TO BE COMPLETED IN FULL BY THE ORGANIZATION/SCHOOL

Organization/School District/College Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
School/Team/League Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Type of Activity/Sport \_\_\_\_\_

If Athletics, designate ☐ P.E. Class ☐ Intramural ☐ Interscholastic ☐ Intercollegiate ☐ Game ☐ Jr. Varsity ☐ Varsity  
☐ Youth ☐ Adult ☐ Practice ☐ Other \_\_\_\_\_

Name of injured person/student \_\_\_\_\_

Date of Accident \_\_\_\_\_ Accident Time \_\_\_\_\_

Date of First Treatment \_\_\_\_\_ Has treatment been completed? ☐ Yes ☐ No

Where and how did accident occur? (Please be specific) \_\_\_\_\_

Part of body Injured \_\_\_\_\_ ☐ Right or ☐ Left At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current student/member of the Organization/School District? ☐ Yes ☐ No

Under whose supervision? \_\_\_\_\_ Was he/she a witness? ☐ Yes ☐ No

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(MUST BE SIGNED BY AN ORGANIZATION/SCHOOL OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION/SCHOOL ACTIVITY. SIGNATURE IS REQUIRED)

#### PART 1-B – TO BE COMPLETED IN FULL BY CLAIMANT – OR BY PARENT/LEGAL GUARDIAN IF CLAIMANT IS A MINOR

Injured Party/Student Legal Name \_\_\_\_\_ Preferred/Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_ ☐ Male ☐ Female

Claimant is a ☐ Student ☐ Player ☐ Coach ☐ Official/Umpire ☐ Volunteer ☐ Child Care ☐ Participant ☐ CE Student (# of credits \_\_\_\_\_)

Address of Injured Person or Parents/Guardian \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If Injured party is over age 18: Employer Name and Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ ☐ Self Employed ☐ Unemployed

Father/Guardian Name \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

☐ Self Employed ☐ Unemployed

**PLEASE CONTINUE TO THE NEXT PAGE OF THE FORM WHICH MUST BE COMPLETED IN FULL**

Mother/Guardian Name \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_  
\_\_\_\_\_ ☐ Self Employed    ☐ Unemployed

If Dental Injury: Please submit verification from the dentist that the tooth/teeth are whole, sound and natural.

Is claimant covered under any other medical and or dental insurance policy?    ☐ Yes    ☐ No

Is claimant covered under a government sponsored insurance such as Medicare/Medicaid?    ☐ Yes    ☐ No

Name of all companies providing claimant insurance coverage or prepaid health plans

| Name of Company | Address | Policy # |
|-----------------|---------|----------|
| _____           | _____   | _____    |
| _____           | _____   | _____    |
| _____           | _____   | _____    |

Are benefits due for this claim under these other insurance coverages?    ☐ Yes    ☐ No    (See IMPORTANT NOTICE at top of form on page 1)

Does your son or daughter have medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree?    ☐ Yes    ☐ No    If yes, please give name, address and phone number of responsible party \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:** I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse Gerber Life Insurance Company to the extent for which Gerber Life Insurance Company would not have been liable.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
*SIGNATURE IS REQUIRED*

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize any employer, health plan, insurance company, hospital, physician, health care profession, clinic, laboratory, pharmacy, medical facility or other person that has provided treatment, payment, or services in connection with this claim to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills to WebTPA, Inc. and Gerber Life Insurance Company, it's agents, employees and representatives.

I hereby authorize WebTPA, Inc. to discuss any information related to medical expenses incurred or treatments rendered in connection with this claim, with Special Markets Insurance Consultants, Inc. representatives and their assigned agents and to officials at the school or organization through which this policy is issued. A photo static copy of this authorization shall be considered as effective and valid as the original.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## FRAUD NOTICE STATEMENTS

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALABAMA:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION OF FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF CALIFORNIA:** "FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**RESIDENTS OF DELAWARE:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA APPLICANTS:** "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**RESIDENTS OF IDAHO:** "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECIEVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF INDIANA:** "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILED A STATEMENT OF CLAIM CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

**RESIDENTS OF LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**RESIDENTS OF NEW HAMPSHIRE:** "ANY PERSON WHO, WITH THE PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**RESIDENTS OF NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF RHODE ISLAND:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME OR MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."