



Claims Mailing Address	DentaSelect, P.O. Box 20593, Indianapolis, IN 46220
Shipping Address	940 West Adams Street, Suite 102, Chicago, IL 60607
Main Switchboard	866-666-8948
Fax Recall	877-223-4693 (<i>Benefits by Fax for Providers – Toll Free</i>)

Employee Questions about Olympia LHSO, Inc. DentaSelect Plans

Where can I find my group number? The group number is on the first page of the Dental Insurance Certificate (benefit schedule) and on the Identification (ID) Card.

Who do I call with questions? Call Olympia Dental at 866-666-8948 and then follow the voice prompts to be directed to the appropriate person.

For benefits and claims questions – Select **Option 4** for the Claims Department. You'll be directed to a Claims Representative.

For eligibility information, Dental Certificates, and ID Cards – Select **Option 5** for the Administration Department. You'll be directed to an Administrative Representative.

How can I make sure that my dental provider knows what services are covered?

- Provide the dental office with the information on your ID Card when you make the appointment.
- Take the ID Card and Dental Insurance Certificate (benefit schedule) to your first dental appointment.
- Check benefits before services are rendered. Your provider should contact Olympia Dental before your exam.
 - Providers can obtain a pretreatment estimate by sending a request to Olympia Dental at:
DentaSelect, P.O. Box 20593, Indianapolis, IN 46220
 - Providers can check on eligibility and claim status by calling 866-666-8948; or the Fax Recall system at (877) 223-4693.

What does a dental provider need in order to submit a claim to Olympia LHSO, Inc.?

- The dental office can use one of its own claim forms.
- The social security number of the insured. The social security number drives the processing of claims.
- The correct address (see above).

CONTACT US WHENEVER YOU HAVE QUESTIONS. OUR BUSINESS IS TO SERVE YOU!