



ADA PDF

Type, Print and Save your Claim
on your Mac or Windows Computer.

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ADA Fillable PDF

The ADA Fillable PDF is ideal for fast submission of the standard paper claim used by providers to bill for services. Type, Print, Save & Edit a ADA claim with Adobe Reader software on your Mac or Windows Computer.

User Highlights

- Displays just like the ADA claim on the computer screen.
- Helpful callout messages in each field assist the user.
- Save & re-use your templates over and over.
- Install on up to 2 computers such as home and office.
- Works with both Mac & Windows when using Adobe Reader.

System Requirements

The ADA Fillable PDF template requires Adobe Reader software to type, print and save the claim on either a Mac or Windows computer. Download and install the latest version of [Adobe Reader](#), the free, trusted standard for all PDF files.

Important: Mac and Windows both have a default PDF viewer. Be sure to open in Adobe Reader first, rather than other programs, to ensure the ability to type, print and save.

The blue fill fields are positioned to match the NUBC placement grid to ensure the claim will be scanned and processed.

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RECORD OF SERVICES PROVIDED																																																						
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Print Options

Once you have completed the claim, click on the button at the top right of the ADA Fillable PDF labeled "Save and Print Options" to open the drop-down menu.

Choose one of the print options from the menu:

- Print the ADA form with black typed text on plain paper. Print the back side as well to ensure the claim will be accepted.
- If you have a commercially printed ADA paper claim, load into the printer and choose to print "text only" from the menu on the screen.

ADA American Dental Association® Dental Claim Form

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2. Predetermination/Preauthorization Number	
DENTAL BENEFIT PLAN INFORMATION	
3. Company/Plan Name, Address, City, State, Zip Code	
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)	
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)	
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)	

POLICYHOLDER/SUBSCRIBER INFORMATION		
12. Policyholder/Subscriber Name (Last, First, Middle Initial)		
13. Date of Birth (MM/DD/CCYY)	14. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	15. Policyholder/Subscriber ID (Assigned by Plan)
16. Plan/Group Number	17. Employer Name	

PATIENT INFORMATION

Save and Print Options
SAVE - Create a unique PDF file for this claim
PRINT ALL - 2-sided form and text on white paper
PRINT TEXT ONLY - Put pre-printed ADA in printer
CLEAR - Erase all the typed text within the form
SUPPORT - Open the Fiachra Forms Community Forum

Save as PDF

To save the claim, click on the button labeled "Save and Print Options" to open the drop-down menu. Save each claim on your computer with a unique file name (example john-doe.pdf). Create your own pre-filled templates to save time and avoid payment errors.

- Purchaser can use the ADA Fillable PDF on up to two computers, such as home and office. Easily open, edit and re-save the template over and over.
- Keep Protected Health Information (PHI) safe by following your computer safeguards to meet HIPAA Security Rules.

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Forum and Support

Fiachra Forms offers individual support and service by phone, email, video tutorials, and a community forum for commonly asked questions.

Live Support

Dedicated support agents are available to chat on the [website](#) Monday-Friday 10:00 a.m. to 4:00 p.m. Mountain Time.

Phone Support

Phone support is available Monday through Friday, 10 – 4 PM.
Call us at 602-999-1243

Community Forum

[Free community forum](#) with the most frequently asked questions.

