

Church Activity Medical Assistance Dental Enrollment

DENTAL ENROLLMENT

You should have received a Church Activity Medical Assistance (CAMA) welcome letter explaining what financial assistance may be available to you. Please carefully review the welcome letter to fully understand the CAMA program.

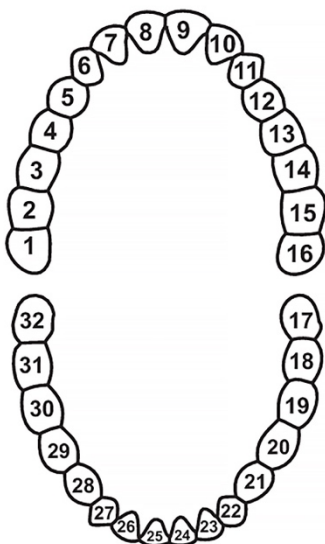
For cases of injured teeth, you must provide the information requested at the bottom of this page before CAMA will pay any dental expenses. After we receive this completed form, we will consider payment for eligible services up to \$15,000. If you have dental insurance, CAMA will pay secondary to that plan. If you don't have dental insurance, CAMA will be the primary payer.

Other than an emergency evaluation at the time of the accident, **you must preauthorize all dental procedures to be eligible for assistance.** To preauthorize, your dental office should send CAMA a recommended treatment plan.

To complete your CAMA enrollment, please have the doctor who provided emergency care or your dentist fill out the information below. Then return this form to CAMA by fax at 801-578-5907 or email at churchactivity@dmdba.com.

CAMA INJURY INFORMATION

Please list all teeth that were injured in the CAMA-eligible accident. Mark the injured teeth on the image or list them below:



Patient name: _____

Injured teeth:

Additional Comments:

Doctor or Dentist Signature

Date