



WELLFLEET

How to File a Dental Claim with Wellfleet

Only Needed if your Provider Has Not Submitted Claim to Wellfleet

1. Obtain a Claim Form or on-line: <https://wellfleetstudent.com/wp-content/uploads/2020/04/Claim-Form-Final-32420.pdf>
2. Complete ALL of the information on the claim form. KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.
3. Send the signed completed claim form along with copies of itemized bills or receipts, as soon as reasonably possible, to:

Wellfleet

P.O. Box 15369

Springfield, MA 01115

800-633-7867

customerservice@wellfleetinsurance.com

4. After you receive care from your provider, obtain a copy of your itemized medical bill(s) from your provider. KEEP A COPY OF THE ITEMIZED BILL FOR YOUR RECORDS. The bill(s) should include:
 - Provider's name and address;
 - Diagnosis;
 - Date of service;
 - Types of service or procedure;
 - Provider charges for each procedure.
5. If you have any questions call 800-633-7867 or email Customer Service customerservice@wellfleetinsurance.com