

Delta Dental PPO

INSTRUCTIONS FOR COMPLETION OF DELTA DENTAL'S ATTENDING DENTIST'S STATEMENT

Note: You may use any version of the ADA dental claim form instead of a Delta Dental Attending Dentist's Statement.

This packet is intended for use by enrollees who are treated by dentists who do not participate with their local Delta Dental. In the United States, Delta Dental dentists will have a supply of acceptable claim forms and will complete and submit all necessary forms on your behalf. To find a Delta Dental dentist, visit Delta Dental's web site: www.deltadentalca.org/sagph

It is important that all items on the form be completed and that the dentist and patient (or parent) sign the form in the appropriate place(s). Many delays can be avoided if you completely and accurately supply all information requested.

Patient: Please complete items 1-15

Delta Dental will send payment directly to dentists who participate with their local Delta Dental. Delta Dental will mail payment to the enrollee when the services are performed (1) by a non-participating dentist, or (2) by a dentist outside of the United States.

All completed forms should be mailed to the following address:

Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330
Customer Service 800-846-7418

Items to be completed by the subscriber/patient

1. Print patient's first name.
2. Check (X) patient's relationship to the employee/subscriber. Please complete the "other" blank to indicate if the patient is a stepchild, foster child or any other legal relationship.
5. If the patient is a dependent age 19 or older and a full time student, enter the name and city of the school the patient attends.
6. Print first name, middle initial and last name of the employee/subscriber, including ZIP code. The employee mailing address is used to send the employee a notice of payment after payment has been made.
7. Print clearly the social security or identification number of the employee/subscriber.
8. Enter month, day and year of the employee/subscriber's birthday.
- 11-15. Indicate with a "yes" or "no" if there is any other dental or medical coverage which applies to this case. If "yes" has been answered to either question in item 11, please provide **all** of the information requested in these spaces.

Both the dentist and the patient (or parent) must sign the form.

Dentist: Please complete items 16 - 32

This claim will be processed more quickly if this portion is completely filled out. If that is impossible, an itemized bill or statement for services provided should be securely attached. If submitting for predetermination of costs, leave "date service performed" spaces blank.

- Do not use a highlighter pen on any portion of this claim.
- Be sure ink is clear and dark. Type or laser print information, if possible.
- Review patient's portion of claim: Is social security or identification number clear? Is student status and dual coverage information entered (if applicable)?
- Do not send xrays unless the procedure is specified in item #23 below.

Items to be completed by the dental office

18. Enter the dentist's social security number or taxpayer identification number. Payment cannot be made to the dentist without this information.
22. If "other" is entered, describe in available space in items 31 or 32. (ECF refers to Extended Care Facility.)
23. X-rays are requested when treatment is to include inlays, onlays, crowns, fixed bridges, surgical extractions and impactions, and periodontal surgery, including curettage. All x-rays should be mounted and labeled with patient's name and the dentist's name and address, and attached to the upper right corner of the treatment form. In the absence of x-rays, Delta Dental may not be able to determine the procedure classification for the appropriate allowance.
24. – 27. Delta Dental has many programs that provide additional coverage if treatment is required as a result of an accident. If appropriate, check the box indicated, enter the date of the accident and print a brief description.
28. – 29. If prosthesis is placed and is not the initial placement, an explanation is required to determine if replacement is a covered benefit.
31. All services provided should be listed individually on the form. Use the current version of the American Dental Association's CDT codes (the dentist can provide the code) and list each procedure code and description on a separate line and indicate the fee for each procedure. If this amount is more than the maximum amount charged by the majority of dentists within California, payment will be based on either Delta Dental's maximum or on the group's table of allowances and the patient will be responsible for the difference. If you cannot determine what procedure code to use for a specific treatment, give a complete description and enter procedure D9999. Where services are already completed, be sure to enter the date each service was provided. If services have not yet been provided, and you wish to submit the form for a pre-treatment estimate, leave the "date service performed" spaces blank.
32. Use this area for clinical remarks or comments on services required in complicated or difficult cases. Forms with such remarks will be reviewed by our dental consultants. If you are aware of a payment made by another carrier, enter the amount paid.

PREDETERMINATION

It is recommended but not usually required that a pre-treatment estimate be obtained for: claims exceeding \$300.00; crowns, bridges and all other cast restorations; full and partial dentures; endodontics; oral surgery, except simple extractions and emergency procedures; and periodontal surgery.

After the form has been processed, the dental office will receive a computer-generated notice which should then be used to submit the treatment for payment.

HOW TO OBTAIN CLAIM FORMS

A claim form may be downloaded from the Dentist page on Delta Dental's web site (www.deltadentalca.org/sagph). Or, a claim form can be faxed to you from Delta Dental's electronic library, DocuFax. Call toll-free: 877-226-1974. Enter reference number 227 and your fax number when instructed to do so.

Large orders of claim forms are available as a credit card purchase (Visa or MasterCard only), plus tax and shipping/handling. To obtain a form to order Delta Dental forms, call DocuFax (877-226-1974). Enter reference number 232 and your fax number. The order form will be sent to your fax machine. Complete the order form and fax or mail it to the fax number or address indicated on the order form.

If you have questions regarding these instructions, please contact Delta Dental of California's Customer and Member Service department, toll-free, at 800-846-7418.