



**STUDENT: PLEASE READ THIS PAGE BEFORE COMPLETING THE CLAIM FORM**

**PRETREATMENT ESTIMATE OF BENEFITS**

This plan has been designed so that you will know in advance what the benefits for services will be. Before beginning a course of treatment, have your dentist estimate the charges. This will eliminate misunderstanding and let both you and your dentist know what the plan will pay, provided you remain insured for the entire course of the treatment. If your dental coverage terminates for any reason during the course of treatment, only those procedures performed before the coverage terminated will be eligible for payment.

You should review your booklet-certificate for full information regarding your coverage.

**INSTRUCTIONS FOR COMPLETING CLAIM FORM**

A. **YOU DO NOT HAVE TO SUBMIT YOUR CLAIM FOR PRETREATMENT ESTIMATE OF BENEFITS. HOWEVER, *IF YOUR CLAIM IS \$200 OR MORE*, WE RECOMMEND A PRETREATMENT ESTIMATE.**

1. You complete Part 1 - including Social Security Number - both the student and the patient should sign where indicated. Sign the "Assignment" portion of Part 1 if you want payment made directly to your Dentist.
2. After dental services are performed have your Dentist complete Part 2.
3. Your Dentist may retain a photocopy as a record. The claim form should be sent by your Dentist to the address shown on the front of form.
4. Payment will be made directly to you, unless you assign benefits to your dentist.

B. **HOW TO SUBMIT YOUR CLAIM FOR A PRETREATMENT ESTIMATE OF BENEFITS**

1. You complete Part 1 - including Social Security Number - both the student and the patient should sign where indicated.
2. Request your Dentist to outline the proposed course of treatment and charges in Part 2.
3. Your Dentist may retain a photocopy as a record. The claim form should be sent by your Dentist to the address shown on the front of form.
4. The treatment plan will be reviewed and both you and your Dentist will be notified of the estimated payment.
5. When treatment is completed, your Dentist should sign the "Certification" portion of the Pretreatment Estimate of Benefits form and enter the dates of treatment. If you want payment made directly to your Dentist, sign the "Assignment" portion.
6. It must be emphasized that the benefits provided on the Pretreatment Estimate are not certified, but simply prestated. When the claim is returned for payment, the patient's status will be checked to determine if the individual was insured and eligible for benefits. All benefits are subject to policy provisions and limitations in effect on the date the service was performed.

Your Dental policy contains a list of procedures for which benefits are available. We encourage you to refer to this list in your certificate and also read the section entitled "Limitations and Exclusions" before making decisions concerning your treatment. This will help you plan your treatment to take advantage of your dental benefits.