

Ameritas Dental Network

The Business Council of New York State, Inc. • 026-50004

Benefits provided under this policy and any limitations that may apply to you or your insured dependents are outlined in your certificate of insurance. This is not a guarantee of benefits. Benefits are determined at the time the claim is filed.

Signature of Insured



You are free to select the dentist of your choice.

Choosing a Network Provider can reduce your out-of-pocket expense.

- For patient benefit questions, call 800-659-5556.
- Visit our website at **www.ameritas.com** for the most current list of Network Providers, claim forms, or for benefits and claim status information. Pick the New York (NY) selection when logging in or verifying benefits.
- Claim forms may also be obtained from your employer. We will also accept your dentist's claim form or super bill.
- Present this card at your appointment. For electronic submittal, please use payor #72630.
- You or your dentist can mail the claim to: **Group Dental, PO Box 82595, Lincoln, NE 68501** or fax the claim to **402-467-7336**.
- If visiting a Network Provider, your benefits will be paid directly to our Network Provider.