



# **DENTAL CLAIM INSTRUCTIONS**

## **BEFORE BEGINNING TREATMENT**

Pre-certification gives you and your dentist a better understanding of the Plan's covered expenses and allows for the resolution of questions before your treatment begins.

Pre-certification is recommended if the course of treatment prescribed is expected to cost more than \$250 in a 90 day period and/or includes any of the following services: crowns, bridges, dentures, laminate veneers or periodontal surgery.

The pre-certification procedure requires that your dentist submit a claim form showing the proposed course of treatment and the fees for each procedure. Be sure that your dentist includes the patient's x-rays. This will reduce the time that it takes Self-Insured Dental Services to process the pre-certification request. The proposed treatment plan together with the x-rays should be sent to Self-Insured Dental Services.

Self-Insured Dental Services will review the treatment plan and the patient and the dentist will receive a pre-certification form indicating the benefits which will be payable for each dental service according to the terms of our program and which services, if any, are not covered. When the treatment is completed, your dentist must insert the dates that the authorized services were performed and then resubmit the pre-certification form to Self-Insured Dental Services.

## **HOW TO FILE A CLAIM**

After the dental work has been performed, complete the dental form, whether or not pre-certification was previously submitted.

1. Have your Dentist complete the Dentist's Statement. If pre-certification has been already authorized, have the dentist fill in dates of service.
2. Complete, date and sign the dental form.

After the initial claim submission, a separate dental form will be required for all subsequent claim submissions for each family member.

The benefits to which you are entitled will be paid to you unless you have assigned them. If you assign benefits, you will be notified of the payments made, so that you will know the portion of the bill not covered by the Dental Plan. You are financially responsible to the dentist for charges not covered by the Plan.

## **WHEN TO FILE A CLAIM**

Upon completion of treatment (or during treatment if dentist bills are received at intervals), submit a completed dental form no later than 180 days from the date of service. Failure to comply with this will jeopardize your benefit payment.

## **WHERE TO FILE A CLAIM**

Send the completed dental form to Self-Insured Dental Services, 71 South Central Avenue, Valley Stream, New York, 11582. Be sure that your Dentist's Statement has been completed and signed. If you have any questions regarding your claim, please contact Self-Insured Dental Services at

(516) 396-5500 or (800) 537-1238

