

INSTRUCTIONS

FOR THE EMPLOYEE

1. Please answer all questions in Part 1 entitled "TO BE COMPLETED BY EMPLOYEE".
2. Sign and Date the "Authorization to Release Information".
3. If you wish to have your benefits paid directly to the Dentist, sign and date the "Authorization to pay Benefits to Dentist".

If authorized, payment will be made directly to your Dentist. A copy of the payment will be sent to you for your records. Otherwise, payment will be made directly to you.

FOR THE DENTIST

For claims involving Predetermination of Benefits:

1. Complete the section "TO BE COMPLETED BY ATTENDING DENTIST". Be sure to itemize charges for each proposed procedure.
2. 342 Insurance Trust will review the treatment plan and will provide the estimate of benefits payable.
3. Review the form and benefit estimates with your patient before the work is done.
4. When you complete treatment, return the form with the treatment dates completed and your signature.

For claims not involving Predetermination of Benefits:

1. Complete Part II. Be sure to date and itemize charges.
2. Sign and date bottom of claim form when work is completed.

PLEASE NOTE: IF THE CLAIM FORM IS NOT COMPLETED IN FULL AND SERVICES ARE NOT COMPLETELY ITEMIZED, PROCESSING OF PAYMENT WILL BE DELAYED UNTIL ALL REQUIRED INFORMATION HAS BEEN SUBMITTED.

The following supportive documentation, as indicated below, may be necessary to determine benefits:

A. Pre-operative X-rays and/or Narrative

- Gold Inlay Restorations
- Crowns - Single Restorations
- Root Canal Therapy
- Dentures - Partial
- Bridges - Pontics, Abutments, and Inlays
- Oral Surgery

C. Narrative

- Space Maintainers
- Dentures - Full
- Alveoloplasty
- Grafts
- Anesthesia

B. Periodontal Case Type and Pocket Depth Chart

- Scaling and Root Planing
- Gingivectomy/Gingivoplasty
- Curettage
- Periodontal Surgery - Osseous, Mucogingival

COMMENTS