

# dental benefit guide

## completion of dental claim forms

Part 1: The member should complete the requested information. If the information requested in a section does not apply, the member should mark the "NO" box. Failure to complete any section could result in a delay in processing the claim until the requested information is received.

Part 2: This entire section is completed by the dentist. Instructions to the dentist for completing this section are included on the claim form.

Part 3: The member needs to sign this section in order to authorize payment directly to the dentist. The member may also indicate that the payment is not to go to the dentist.

Part 4: The dentist's signature is required to certify the listed services were performed on the dates indicated. Dental claims and pretreatment estimates can be mailed or faxed to:

Ameritas Life Insurance Corp.  
Group Claims Department  
P.O. Box 82520  
Lincoln, NE 68501-2520  
Fax: 402-467-7336  
Phone: 800-487-5553

Note: The dental claim form is included and may be duplicated as needed. A copy of the form may also be obtained from our website, [ameritasgroup.com](http://ameritasgroup.com), under the "Forms" section.

We also accept any standard American Dental Association (ADA) claim form from the dentist. Members may also contact our claims department for faxed copies at 800-487-5553.

## pretreatment estimate

A big advantage of dental benefits with Ameritas Group is the ability for the member to find out how much the coverage will pay before the dentist does any extensive work. A pretreatment estimate outlines procedures covered before incurring large expenses.

**A pretreatment estimate is not a preauthorization. The terms of the plan must be met before any actual benefits are released. Pretreatment estimates are not required.**

## how to request a pretreatment estimate

The member needs to complete and sign a dental claim form for the pretreatment estimate of benefits the same as he or she would if the procedures had already been completed. The dentist, however, will not list the date of service and will not sign the form before sending it to Ameritas.

We will review the procedures and estimate the benefits payable under the terms of the policy. We will send the pretreatment estimate to both the dentist and the member.

## verification of member coverage

After receiving a claim on a member, we verify the employee's eligibility through the information the policyholder provides with the monthly premium payment regarding enrollments, terminations, and changes. For this reason, it is very important that the policyholder provides this information on a timely basis.

## **dental coverage limitations**

Your policy contains provisions that limit coverage of dental procedures under certain conditions. Refer to the policy to determine the specific provisions that apply. These provisions may be found in the "9219 - Limitations" section of the policy and the "9232 - Table of Dental Procedures" section. For clarification of a provision, please call our claims department at 800-487-5553.

Members are encouraged to review the provisions before incurring expenses that may not be covered.

## **commonly misunderstood limitations**

- **Closed List:** The policy covers only certain dental procedures. Benefits are released only on the procedures listed in the "9232 - Table of Dental Procedures" section.
- **Elimination Period:** The policy may require a member to be insured for a length of time before specific procedures are covered. The length of time is specified in the "9219 - Limitations" section of the policy. The insuring provision should not be confused with the eligibility period.

The eligibility period is the length of time a member must wait before his or her coverage may become effective; the elimination period is the length of time after the coverage becomes effective before specific procedures are covered by the policy.

- **Frequency Limitations:** Some procedures require a certain length of time to pass between procedures that may need to be repeated or limit the number of times some procedures can be considered for benefits during a benefit year. Other procedures require certain conditions exist that qualify a specific procedure to be considered for benefits. These requirements are included in the "9219 - Limitations" section and the "9232 - Table of Dental Procedures" section of the policy.
- **Orthodontia Coverage:** Orthodontia coverage has its own coinsurance and maximum benefit and may have a separate deductible. Before incurring orthodontia expenses, members should refer to the "9260 - Orthodontic Expense Benefits" section of the policy. We recommend a pretreatment estimate before orthodontic treatment begins.

## **coordination of benefits**

Your policy may have a coordination of benefits provision when an individual's dental expenses are covered by two or more separate group plans. The coordination of benefits means that the covered individual will not receive more than 100% reimbursement for his or her actual expenses. Coordination of benefits reduces claim costs, improves your group's experience and results in dental rates that are lower than they would be without coordination of benefits.

The section regarding other coverage on the dental claim form needs to be completed in full. If the other carrier is primary, you should attach a copy of their benefit statement to your claim. No benefits are released until we are able to coordinate benefits with the primary carrier.

# dental

group claim form

Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520  
 Toll Free 800.487.5553 / Fax 402.467.7336 / Web ameritasgroup.com  
 Ameritas' payer ID for electronic claims is 47009.



**PART 1 - TO BE COMPLETED BY EMPLOYEE**

*For faster payment, submit electronically!*

1. Patient's full name (first, middle initial, last)		2. Patient birthdate (MM/DD/YY)		3. Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. Employee's full name (first, middle initial, last)			6. Employee's identification number		Employee's birthdate (MM/DD/YY)		
7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP)  Email address				8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, name and address of school			
9. Employer (company) name and address			10. Group number		Division number		Certificate number
QUESTIONS 11 AND 12 MUST BE COMPLETED WITH EACH CLAIM SUBMISSION							
11. Is patient covered by another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name and address of other carrier		Policy number		Name and address of other employer
12. Other employee/subscriber name		Employee/subscriber identification number		Date of birth (MM/DD/YY)		Relationship to patient	
13. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of dental treatment. I certify these statements to be true and complete to the best of my knowledge.  <input checked="" type="checkbox"/>				14. I hereby authorize payment directly to the below named dentist of group insurance benefits otherwise payable to me.  <input checked="" type="checkbox"/>			
Signature (patient, or parent if minor)				Date		Signature (insured person)	
				Date			

It is fraudulent to fill out this form with information you know to be false or to knowingly omit facts which may have a bearing on the benefits for which you are applying. Criminal and/or civil penalties can result from such acts.

**PART 2 - TO BE COMPLETED BY ATTENDING DENTIST. Please provide Current Dental Terminology © American Dental Association procedure codes.**

15. Dentist name and mailing address			For Yes answers to questions 18-20, enter a brief description and dates.				
			18. Is treatment result of occupational illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			19. Is treatment result of auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Specialist designation	Phone #	General anesthesia permit #		20. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email		Fax number		21. If Prosthesis, is this initial placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason for replacement, and date of prior replacement			
16. Dentist SSN or TIN	NPI (National Provider Identifier)		License #		22. Is treatment for orthodontics? <input type="checkbox"/> Yes <input type="checkbox"/> No If services already have begun, enter date appliances were placed, and months remaining		
17. Radiographs or models enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?			23. This is a (please check one): <input type="checkbox"/> Statement of actual services <input type="checkbox"/> Pretreatment estimate				

24. EXAMINATION AND TREATMENT RECORD							
Tooth number, letter, quadrant or arch	Surfaces	DESCRIPTION OF SERVICES (including x-rays, prophylaxis, materials used, etc)	CDT © ADA Procedure Code	Date Service Performed			Fee
				Month	Day	Year	

25. Remarks for unusual services				26. Total fee charged			
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27. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes.

28. Address where treatment was performed			
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Signature (Dentist) \_\_\_\_\_ Date \_\_\_\_\_

# tips

## how to speed claims processing

### part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

**#2 Patient birthdate**

Helps identify an insured and determine dependent eligibility.

**#6 Employee's identification number**

This is the most important identifier for the plan member.

**#8 Student status**

Because this information often changes, it is required on every claim for dependents age 19 years and older.

**#11 and #12 Coordination of benefits for dental**

The "No" box under #11 should be checked if no other **dental** coverage exists. If there is other dental coverage, the additional information requested is necessary for coordination of benefits. This information is required on every claim.

### part 2 – dentist

Some dental claims require dental consultant review for accurate processing. To help expedite the claims process, please be sure to include:

**#16 National Provider Identifier**

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations including incorporated dental practices. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

**#17 and #24 Supporting Documentation**

In addition to the following list, narratives or photos also may be submitted. Documents should be dated and legible. Original radiographs will be returned. Please label duplicate films left and right. All supporting documentation should be current within one year. Procedure codes listed are based on CDT © ADA.

- Pre-operative radiographs for D2510-D2664, D6600-D6634, D2710-D2794, D6710-D6794, D6205-D6252, D2950, D6973, D2952-D2954, D6970-D6972, D2960-D2962, D3346-D3348, D3351-D3353 and D6010.
- Pre-operative radiographs and legible surgical notes for D7210-D7241.
- Legible surgical notes only for D7310-D7321.
- Numerical 6-point periodontal charting for D4210-D4211, D4240-D4241, D4341-D4342 and D4381.
- Radiographs and numerical 6-point periodontal charting for D4260-D4261 and D4263-D4264.
- Gingival grafting procedures and measurements for D4270-D4271, D4273, D4275 and D4276.

**#21 Prosthesis - Initial or Replacement**

Required for crowns, onlays, bridges and partial or complete dentures. If a replacement, prior placement date is needed.

**#23 Statement of actual services, or Pretreatment estimate**  
Appropriate box should be marked to ensure correct handling.

**#24 Tooth number, letter, quadrant or arch**

Site-specific information is required using the Universal/National Tooth Numbering System.

### pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the dental work to be expensive. A pretreatment estimate lets both the member and dental provider know in advance how much insurance will pay.

If dental coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

### website

Visit our website for benefit information, electronic forms, a dental provider list and more.

Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

### electronic claims and attachments

Dental providers, with electronic claims we can process the same day received and send a check within seven business days. Plus, most software can submit claims and attachments while simultaneously creating accounting records. For more information, please visit the following websites:

[ndedic.org](http://ndedic.org)  
[ez2000dental.com](http://ez2000dental.com)  
[nea-fast.com](http://nea-fast.com)