

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.

#13 and #14: 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 2: This entire section is completed by the dentist. Instructions to the dentist for completing this section are included on the claim form.

#27: 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 be obtained from our website, ameritas.com. Click one of the **Dental, Vision and Hearing** links in the gray box at the bottom of the page, then click the **Forms** link on the next page.

We will 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.

tips 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.

#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
- ez2000dental.com
- nea-fast.com

dental Group Claim Form

Ameritas Life Insurance Corp.



Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520 / Toll Free 800-487-5553 / Fax 402-467-7336 / Web ameritas.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)	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:		
Email address:			
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. X Signature (patient, or parent if minor) _____ Date _____	14. I hereby authorize payment directly to the below named dentist of group insurance benefits otherwise payable to me. X Signature (patient, or parent if minor) _____ Date _____		

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.		
Specialist designation	General anesthesia permit #	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
Phone number	Fax number	20. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	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:
Email	16. Dentist <input type="checkbox"/> SSN <input type="checkbox"/> TIN	NPI (Nat. Provider Identifier)	22. Is treatment for orthodontics? <input type="checkbox"/> Yes <input type="checkbox"/> No If services have begun, enter date appliances placed and months remaining:
License #	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
----------------------------------	-----------------------

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. X Signature (Dentist) _____ Date _____	28. Address where treatment was performed
--	---

Fraud Warning Statements

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New Hampshire: Any person who with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.