

# Dental Claim Form

MAIL COMPLETED FORM TO:

<input type="checkbox"/> Dentist's pretreatment estimate	Specialty (see backside)
<input type="checkbox"/> Dentist's statement of actual services	
<input type="checkbox"/> Medicaid Claim	Prior Authorization #
<input type="checkbox"/> EPSDT	

## Dobbs Ferry United Teachers

**c/o Daniel H. Cook Associates**

1040 Avenue of the Americas – 24<sup>th</sup> Fl

New York, NY 10018-3726

(914) 250-0700

[illegible]

**THIS FORM WILL BE RETURNED IF IT IS INCOMPLETE OR INCORRECT**

## **NOTICE TO MEMBERS**

- PRE-AUTHORIZATION BY THE FUND'S DENTAL CONSULTANT IS REQUIRED FOR ANY PROPOSED COURSE OF TREATMENT IN WHICH A DENTIST CHARGES WILL AMOUNT TO \$1,000 OR MORE. X-RAYS MUST BE INCLUDED WITH TREATMENT PROGRAMS SUBMITTED FOR PRE-AUTHORIZATION. PRE-AUTHORIZATION BY THE FUND'S DENTAL CONSULTANT IS LIMITED TO THE APPROVAL OF THE COURSE OF TREATMENT PROPOSED; IT DOES NOT INCLUDE APPROVAL OF PAYMENT FOR SERVICES NOT COVERED UNDER THE DENTAL PLAN, THE PATIENT'S ELIGIBILITY OR GUARANTEED PAYMENT.
- CLAIM MUST BE SUBMITTED WITHIN 1 YEAR AFTER COMPLETION OF COURSE OF DENTAL TREATMENT.
- Bring a claim form with you when you visit your dentist. Complete your part – give all the information required. DISCUSS FEES BEFORE SERVICES ARE PERFORMED. If you have any questions about your dental benefits, contact the Dental Program Administrator.
- A covered patient may go to any dentist, anywhere, and the amount of payment is the same regardless of the dentist chosen.
- Mail this form to:

**Dobbs Ferry United Teachers**

**c/o Daniel H. Cook Associates**

1040 Avenue of the Americas – 24<sup>th</sup> Floor

New York, NY 10018-3726

Telephone (914) 250-0700

## **NOTICE TO DENTIST**

- Pre-Treatment Authorization must be filed not later than 30 days after examination.
- If Services rendered are for emergency treatment or due to an accidental injury, Pre-Authorization will not be necessary.
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- All Procedures must have corresponding CDT/ADA procedure codes listed in order to be processed.

FUND DENTAL CONSULTANT REMARKS:

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**ANYONE INTENTIONALLY MISSING THIS FORM FOR THE PURPOSE OF  
OBTAINING IMPROPER PAYMENTS IS SUBJECT TO APPROPRIATE ACTION.**