



Delta Dental Plan of California

INSTRUCTIONS FOR COMPLETION OF DELTA DENTAL PLAN OF CALIFORNIA'S ATTENDING DENTIST'S STATEMENT

Note: You may use any version of the ADA dental claim form instead of a Delta Attending Dentist's Statement.

This information is intended for use by enrollees who are treated by dentists who do not participate with their local Dental Dental Plan. In the United States, Delta dentists have a supply of acceptable claim forms and complete and submit all necessary forms on your behalf. To find a Delta dentist, visit Delta Dental Plan of California's web site: www.deltadentalca.org.

We encourage Delta dentists in California and all dentists in other states to submit claims electronically. Dentists can find information about electronic claims submission in the "Dentist" section of our web site.

It is important that all items on the form be completed and that the dentist and enrollee sign the form in the appropriate place(s). Many delays can be avoided if you completely and accurately supply all information needed to process your claim.

Patient: Please complete items 1-15

Delta will send payment directly to dentists who participate with their local Delta Dental Plan. Delta will mail payment to the enrollee when the services are performed (1) by a non-participating dentist, or (2) by a dentist outside of the United States.

All completed forms should be mailed to the following address:

**Delta Dental Plan of California
P.O. Box 997330
Sacramento, CA 95899-7330**

If this claim is for services you received outside of the United States, please attach a copy of the receipt that shows the amount you paid the dental office.

Numbered space on claim	Items to be completed by the enrollee/patient
1.	Print the patient's first name.
2-4.	Check (X) patient's relationship to the employee. Please complete the "other" blank to indicate if the patient is a stepchild, foster child or any other legal relationship. If a claim will be submitted electronically, do not use "other".
5.	If the patient is a dependent age 19 or older and a full-time student, enter the name and city of the school the patient attends.
6.	Print the enrollee's first name, middle initial and last name and the address, including ZIP code. The enrollee's mailing address is used to send a notice of payment after payment has been made.
7.	Print clearly the enrollee's social security or identification number.
8.	Enter the enrollee's month, day and year of birth.
9.	Print the name, city and state of the employer. If applicable, indicate union local number.
10.	Enter the client's number assigned by Delta. It is in the Evidence of Coverage, employee letter or on the Delta I.D. cards.
11-15.	Indicate with a "yes" or "no" if there is any other dental or medical coverage which applies to this case. If "yes" has been answered to either question in item 11, please provide all of the information requested in these spaces.

Please sign the form in the space provided.

Dentist: Please complete items 16 - 32

This claim will be processed more quickly if this portion is completely filled out. If that is impossible, an itemized bill or statement for services provided should be securely attached. If submitting for predetermination of costs, leave "date service performed" spaces blank.

- Do not use a highlighter pen on any portion of this claim.
- Be sure ink is clear and dark. Type or laser print information, if possible.
- Please review the patient's portion of the claim: Is the social security or identification number clear? Is student status and dual coverage information entered (if applicable)?
- Do not send x-rays unless the procedure is specified in item #23 below. If an electronic claim is being submitted, do not mail x-rays until you receive an electronic request to do so.

Numbered space

on claim

Items to be completed by the dental office

- 16–18. Enter the dentist's social security number or taxpayer identification number. Payment cannot be made to the dentist without this information.
22. If "other" is entered, describe in available space in items 31 or 32. (ECF refers to Extended Care Facility.) Or, use the comments/notes field of an electronic claim.
23. X-rays are requested when treatment includes inlays, onlays, crowns, fixed bridges, surgical extractions and impactions, and periodontal surgery, including curettage. All x-rays should be mounted and labeled with the patient's name and the dentist's name and address, and attached to the upper right corner of the claim. In the absence of x-rays, Delta may not be able to determine the procedure classification for the appropriate allowance.
- 24–27. The patient may have a benefit provision that provides additional coverage if treatment is required as a result of an accident. If appropriate, check the box indicated, enter the date of the accident and print a brief description.
- 28–29. If a prosthesis is placed and is not the initial placement, an explanation is required to determine if replacement is a covered benefit.
31. The most current version of CDT codes should be used. It is not necessary to include the preceding "D" with each code. All services provided should be listed individually on the form. List each procedure's number and description on a separate line and indicate the fee for each procedure. If you cannot determine what procedure code to use for a specific treatment, give a complete description and enter procedure D9999. Where services are already completed, be sure to enter the date each service was provided. If services have not yet been provided, and you wish to submit the claim for predetermination, leave the "date service performed" spaces blank.
32. Use this area for clinical remarks or comments on services required in complicated or difficult cases. Claims with such remarks will be reviewed by our dental consultants. If you are aware of a payment made by another carrier, enter the amount paid.

If a paper claim is being submitted, please sign the claim in the appropriate space.

PREDETERMINATION

It is recommended but not usually required that a predetermination of costs be obtained for: claims exceeding \$300; crowns, bridges and all other cast restorations; full and partial dentures; endodontics; oral surgery, except simple extractions and periodontal surgery.

After the predetermination has been processed, the dental office will receive a computer-generated notice which should then be used to submit the treatment for payment. Do not attach a claim form to the notice.

HOW TO OBTAIN CLAIM FORMS

A claim form may be downloaded from the "Home page" on Delta's web site (www.deltadentalca.org). Or, a claim form can be faxed to you from Delta's electronic library, DocuFax. Call toll-free: (877) 226-1974. Enter reference number 227 and your fax number when instructed to do so.

Large orders of claim forms are available as a credit card purchase (Visa or MasterCard only), plus tax and shipping/handling. To obtain a form to order Delta forms, call DocuFax (877-226-1974). Enter reference number 232 and your fax number. The order form will be sent to your fax machine. Complete the order form and fax or mail it to Versient at the fax number or address indicated on the order form.

If you have questions regarding these instructions, please contact Delta Dental Plan of California's Customer and Member Service department, toll-free, at (800) 765-6003.