AetnaDental Benefits Request

How To Request Benefits

Employee Instructions	Complete Items 1 - 18A in the PATIENT INFORMATION section of this form and sign your name. If you wish your benefits paid directly to your dentist, also sign Item 18B, the payment authorization.													
	Ask the dentist to complete Items 19 - 34 in the DENTIST INFORMATION section. If charges are only for examinations, cleanings or X-rays, itemized bills may be submitted instead of the dentist's portion of the form. The itemized bill must include:													
	 patient's name date of service condition being treated relationship to employee type of service rendered dentist's or supplier's taxpayer identifying number 													
	If this information is missing, write it on the bill and sign your name.													
	Please be sure you have provided your SOCIAL SECURITY NUMBER (Item 7), your EMPLOYEE NUMBER (Item 14) if you have one, and the NAME OF THE UNION (Item 13) that represents you.													
	You or your dentist should submit the completed attending dentist's statement to:													
	Aetna Dental™ P.O. Box 14094 Lexington, KY 40512-4094 1-877-277-3368													
	IF YOU ANTICIPATE DENTAL WORK IN EXCESS OF \$300 , SUBMIT A REQUEST FOR A PRE-TREATMENT ESTIMATE OF BENEFITS. ACTUAL PAYMENT MAY DIFFER FROM THE ESTIMATE. SEE BOOKLET FOR MORE INFORMATION.													
	NOTE: BE SURE YOU ARE ELIGIBLE FOR DENTAL BENEFITS.													
	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 claim was provided by the applicant. California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.													
	Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division. Pennsylvania Residents: 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.													
Dentist Instructions	Complete Items 19-34 on the Benefit Request Form including tooth chart . Indicate whether the form represents a request for a pre-treatment estimate or is a statement of services actually rendered by checking the box on the top of the form.													
	For a pre-treatment estimate, LEAVE THE DATE BLANK for those services that have not been completed. Our estimate and your X-rays will be returned to you promptly. Estimates are subject to deductibles and plan maximums and may be reduced by payments made before these services are rendered. The estimate is based on the assumption the patient will receive the services while covered and the treatment plan does not change.													
	Actual payment may differ from estimate.													
	NOTE ABOUT X-RAYS: In order to expedite payment it is suggested the PRE-TREATMENT X-RAYS be submitted along with the Benefit Request Form when the course of treatment includes prosthetics (including all cast and porcelain restorations), oral surgery and periodontal surgery. You will be advised if x-rays are needed for any other procedure.													

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