

MAIL TO: Aetna U.S. Healthcare
PO Box 14094
Lexington, KY 40512-4094
1-877-238-6200

CLAIM SERVICES PROVIDED BY AETNA U.S. HEALTHCARE

TO BE COMPLETED BY DENTIST

Employee Questions - 1 through 15a, b & c
Dentist Questions - 16 through 32, dates of services, & procedure numbers
 If initial prosthesis, list date(s) of extraction(s) for teeth being replaced.
 GC-14848 (8-01)

NEW JERSEY STATE DENTAL EXPENSE PLAN

CLAIM INSTRUCTIONS

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.

NOTE: INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY PAYMENT OF YOUR CLAIM.

TO THE EMPLOYEE

1. Complete items one (1) through fifteen (15a) in full. Be certain to sign the authorization to release information block and the certification block (15b and 15c).
2. If you wish to have your benefits for this claim paid directly to your dentist, sign the "Direction to pay benefits to dentist" block located below the dentist certification.

If total charges for the planned course of treatment are expected to exceed the minimum Predetermination dollar amount stated in your dental plan booklet, it is required that you file for Predetermination of Benefits. Aetna U.S. Healthcare will notify your dentist of the benefits payable.

NOTE: YOUR DENTAL COVERAGE IS SUBJECT TO SPECIFIC LIMITATIONS AND EXCLUSIONS. PLEASE REFER TO YOUR DENTAL BOOKLET FOR A DESCRIPTION OF COVERED EXPENSES, DEDUCTIBLES, COINSURANCE INFORMATION, AND LIMITATIONS AND EXCLUSIONS.

TO THE DENTIST

1. **COMPLETED SERVICES** — Check the box noted "STATEMENT OF ACTUAL SERVICES" and complete items 16 through 32. When entering the treatment plan on the form, please indicate a *separate* fee for each individual service rendered. When the work is finished, sign the form and mail to the address shown in the upper right hand corner of the reverse side of this form.
2. **PREDETERMINATION OF BENEFITS** — If total charges for this claim are to exceed the minimum Predetermination dollar amount indicated in the employee's Dental Plan Booklet (and treatment is not emergency in nature), Predetermination of Benefits is required. Check the box marked "PRETREATMENT ESTIMATE", and complete items 16 through 32. **Please be sure to answer questions 28 and 29 if the claim includes metal restorations, crowns, bridgework or dentures.***

The completed form should be sent to the address shown in the upper right hand corner of the reverse side of this form. Aetna U.S. Healthcare will notify you of the benefits payable for this course of treatment.

When treatment has been completed, fill in the date each service was provided, sign the form and return to the address shown in the upper right hand corner of the reverse side of this form for payment.

NOTE: PREDETERMINATION OF BENEFITS IS INTENDED TO AVOID MISUNDERSTANDINGS BETWEEN THE EMPLOYEE, DENTIST AND INSURANCE COMPANY CONCERNING BENEFITS PAYABLE. YOU AND YOUR PATIENT ARE, OF COURSE, FREE TO PURSUE ANY TREATMENT PLAN YOU THINK BEST.

3. If the employee indicates that benefits should be paid directly to the dentist, then these benefits will be sent directly to you with an information copy of the transaction to the employee.

*X-rays taken for metal restorations and crowns should be submitted with treatment plan. They may also be requested for other services. X-rays will be reviewed and returned promptly.