

BLUE SHIELD DENTAL CERTIFICATION FORM

Your dental provider has sent a predetermination to us to review upcoming services for possible benefits. Please review the results of this predetermination carefully, as it provides you with information about your financial responsibility following the services. Below is an explanation of the information shown on the front side of the form.

Patient and Identification number - This is the name of the patient and their Blue Cross and Blue Shield identification number.

Provider, Provider's City/State - This is the name of your dental provider and his or her location.

Waiting Periods - If you have a waiting period under your dental coverage, the form is marked to indicate whether or not the waiting period has been met. Benefits will not be provided until applicable waiting periods are met.

Maximum Dental Benefit Per Benefit Period - Some dental contracts have a maximum benefit limit per contract year. We allow dental benefits up to that maximum amount. Charges over that amount are your responsibility. If your coverage has a contract maximum shown and you have had prior dental services, contact our Customer Service Center to find out how much of your maximum you have used and the amount left PRIOR to the time additional services are performed.

Procedure Code - This code tells us what procedure your provider plans to perform.

Provider's Charge - This is the amount your dental provider plans to charge you for the procedure listed.

Blue Shield Allowance - This is the amount we allow toward reimbursement of the listed procedure. This amount is subject to any financial responsibility you may have under the benefits, such as deductible and/or coinsurance. Blue Shield Allowances are reviewed for change annually. Although this pre-certification indicates that it is valid for 90 days, if the service is actually received in a calendar year different than the calendar year in which the pre-certification was issued, the Blue Shield Allowance may be different.

% Of Allowance Payable Under Your Contract - Dental benefits are subject to various levels of reimbursement depending on the procedure being performed. The percentage of the allowance we will pay is shown along with the amount of payment.

Deductible - If your dental coverage requires you meet a deductible before we pay toward the services, your deductible responsibility will be shown in this column.

Amount Over The Allowance - This amount is the difference between what your dental provider is charging you and what we allow. If your provider is a Contracting Dental provider, this amount is a write off to the provider and is not billable to you. If your provider does not have a contracting agreement with our Company, this difference becomes your responsibility. You may contact our Customer Service Center at the number shown on the front of this form to verify whether or not a provider is Contracting with us.

Insured's Responsibility - Based on the information provided at the time of review, we have determined this amount to be your responsibility. Please be aware this amount may change if services not predetermined are billed, other dental or medical services are billed prior to these services, or charges are different than those predetermined.