

THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA

600 Northern Blvd., Great Neck, New York 11021-5202

PLEASE READ BEFORE FILING YOUR DENTAL INSURANCE CLAIM

FOR THE EMPLOYEE

1. PLEASE ANSWER ALL QUESTIONS IN THE SECTION ENTITLED " TO BE COMPLETED BY EMPLOYEE "
2. SIGN AND DATE THE " AUTHORIZATION TO RELEASE INFORMATION".
3. IF YOU WISH TO HAVE YOUR BENEFITS PAID DIRECTLY TO THE DENTIST SIGN AND DATE THE "AUTHORIZATION TO PAY BENEFITS TO DENTIST."
ASSIGNED BENEFITS: PAYMENT WILL BE MADE DIRECTLY TO YOUR DENTIST. A COPY OF THE PAYMENT WILL BE SENT TO YOU FOR YOUR RECORDS.
NON-ASSIGNED BENEFITS: PAYMENT WILL BE MADE DIRECTLY TO YOU.
4. IF THE PATIENT HAS COVERAGE UNDER ANY OTHER GROUP OR GOVERNMENT PLAN, SUBMIT THE SAME BILLS TO THE OTHER INSURANCE COMPANY AT THE SAME TIME. THIS IS VERY IMPORTANT BOTH IN RECEIVING FULL BENEFITS FROM YOUR INSURANCE PLAN AND IN THE LENGTH OF THE TIME REQUIRED TO PROCESS YOUR CLAIM.
5. DO NOT DETACH THIS INSTRUCTION SHEET UNTIL DENTIST HAS COMPLETED THIS PORTION OF THE CLAIM FORM.
6. IF ALL OR A PORTION YOUR CLAIM HAS BEEN DENIED, YOU MAY REQUEST A REVIEW BY WRITING TO THE PLAN ADMINISTRATOR WITHIN 60 DAYS OF RECEIPT OF THE DENIAL. THIS WRITTEN REQUEST FOR REVIEW SHOULD STATE THE REASONS WHY YOU FEEL YOUR CLAIM SHOULD NOT HAVE BEEN DENIED AND SHOULD INCLUDE ANY DOCUMENTATION (DENTAL RECORDS, ETC.) WHICH YOU FEEL SUPPORTS YOUR CLAIM. UNDER NORMAL CIRCUMSTANCES, YOU WILL BE NOTIFIED IN WRITING OF THE FINAL DECISION WITHIN 60 DAYS OF THE DATE YOUR REQUEST FOR REVIEW IS RECEIVED. IF THERE ARE SPECIAL CIRCUMSTANCES REQUIRING DELAY, YOU WILL BE NOTIFIED OF THE FINAL DECISION NO LATER THAN 120 DAYS AFTER YOUR REQUEST FOR REVIEW IS RECEIVED.

Assignment

Request for Review

FOR THE DENTIST

1. PLEASE COMPLETE THE SECTION ENTITLED "TO BE COMPLETED BY ATTENDING DENTIST" USING THE ADA CODES & NOMENCLATURE LISTED ON THE REVERSE SIDE OF THIS FORM.
PROCEDURE CODES ARE REQUIRED ON ALL CLAIMS.
2. **WHEN TOTAL CHARGES FOR THE TREATMENT PLAN ARE EXPECTED TO EXCEED \$200, PRE-TREATMENT REVIEW IS REQUIRED. DETACH THE DENTIST'S COPY AND SEND THE REMAINDER OF THE FORM AND MOUNTED PRETREATMENT X-RAYS TO THE ADDRESS SHOWN ON THE FORM.** THE FORM AND X-RAYS WILL BE RETURNED TO YOU PROMPTLY. THE AMOUNT OF BENEFITS PAYABLE IF THE DESCRIBED PROCEDURES ARE PERFORMED DURING A PERIOD OF THE PATIENT'S ELIGIBILITY WILL BE SHOWN ON THE FORM.

Pretreatment Review

WHEN YOU COMPLETE TREATMENT, PLEASE RETURN THE SAME FORM TO US WITH TREATMENT DATES COMPLETED AND YOUR SIGNATURE, WE WILL THEN PAY THE BENEFITS INDICATED, SUBJECT TO POLICY PROVISIONS AND BASED ON THE PATIENT'S CONTINUED ELIGIBILITY.

YOU AND YOUR PATIENT ARE FREE TO PURSUE ANY TREATMENT PLAN YOU RECOMMEND. PRETREATMENT REVIEW IS ONLY TO AVOID ANY MISUNDERSTANDING BETWEEN THE PATIENT, THE DENTIST AND THE INSURANCE COMPANY ABOUT BENEFITS PAYABLE.

3. WHEN TOTAL CHARGES ARE FOR LESS THAN \$ 200 OR WHEN THE SERVICES TO BE PERFORMED FOR EMERGENCY TREATMENT OR FOR DIAGNOSED CONDITIONS WHICH REQUIRE IMMEDIATE TREATMENT ACCORDING TO RECOGNIZED PROFESSIONAL STANDARDS OF CARE OR WHEN THE TREATMENT PLAN INVOLVES ONLY THE USE OF AMALGAM, PLASTIC OR SILICATE PRETREATMENT REVIEW IS NOT NECESSARY.

Important

1. WE ARE SORRY, BUT IF THE CLAIM FORM IS NOT COMPLETED IN FULL AND SERVICES ARE NOT COMPLETELY ITEMIZED, PROCESSING OF PAYMENT WILL BE DELAYED UNTIL ALL REQUIRED INFORMATION HAS BEEN SUBMITTED.

DENTAL PROCEDURE REFERENCE LIST

Below is a partial listing of dental procedures (adapted from the American Dental Association Uniform Code on Dental Procedures and Nomenclature). Procedures not listed below should be reported in terms of the ADA uniform code or by a narrative description. The lead zero (0) has been omitted. This list is provided for reference in completing the claim form only and is not a substitute for the group insurance contract.

I. Diagnostic/General

Examinations
 0110 Initial Oral Examination
 0120 Periodic Oral Examination
Radiographs
 0210 Intraoral-complete series (including bitewings)
 0220 Intraoral-single, first film
 0230 Intraoral-each additional film
 0240 Intraoral-occlusal, single, first film
 0250 Extraoral-single, first film
 0260 Extraoral-each additional film
 0270 Bitewing, single film
 0272 Bitewing, two films
 0273 Bitewing, three films
 0274 Bitewing, four films
 0330 Panoramic-maxillary and mandibular-single film
 0340 Cephalometric radiograph
Tests and Laboratory Examinations
 0420 Caries susceptibility tests
 0460 Pulp vitality tests
 0470 Diagnostic cast

II. Preventive

Dental Prophylaxis
 1110 Adults
 1120 Children under 14
Fluoride Treatments
 Topical application of sodium fluoride, four treatments:
 1210 Excluding prophylaxis
 1211 Including prophylaxis
 Topical application of stannous fluoride, one treatment:
 1220 Excluding prophylaxis
 1221 Including prophylaxis
 Topical application of acid fluoride phosphate, one treatment:
 1230 Excluding prophylaxis
 1231 Including prophylaxis
Space Maintainers
 1510 Fixed, unilateral type
 1515 Fixed, bilateral type
 1520 Removable, unilateral type
 1525 Removable, bilateral type
 1550 Recementation of space maintainer

III. Restorative

Amalgam Restorations (deciduous teeth)
 2110 Amalgam one surface
 2120 Amalgam two surfaces
 2130 Amalgam three surfaces
 2131 Amalgam four surfaces
Amalgam Restorations (permanent teeth)
 2140 Amalgam one surface
 2150 Amalgam two surfaces
 2160 Amalgam three surfaces
 2161 Amalgam four surfaces
 2190 Pin retention, exclusive of amalgam
Silicate Restorations
 2210 Silicate cement-per restoration
Acrylic or Plastic Restorations
 2310 Acrylic or Plastic
 2330 Composite resin-one surface
 2331 Composite resin-two surfaces
 2332 Composite resin-three surfaces
 2334 Pin retention, exclusive of composite
 2335 Composite resin, involving incisal angle
Gold Inlay Restorations
 2510 Inlay, gold-one surface
 2520 Inlay, gold-two surfaces
 2530 Inlay, gold-three surfaces
 2540 Onlay, (in addition to above-per tooth)
Porcelain Restorations
 2610 Inlay, porcelain
Crowns-Single Restorations Only
 2710 Plastic (acrylic)
 2711 Plastic-prefabricated
 2720 Plastic with gold

2721 Plastic with non-precious metal
 2722 Plastic with semi-precious metal
 2740 Porcelain
 2750 Porcelain with gold
 2751 Porcelain with non-precious metal
 2752 Porcelain with semi-precious metal
 2790 Gold (full cast)
 2791 Non-precious metal - full cast
 2792 Semi-precious metal - full cast
 2810 Gold ($\frac{3}{4}$ cast)
 2830 Stainless steel
 2891 Post and core
 2892 Steel post and composite or amalgam } in addition to above-per tooth
Other Restorative Services
 2910 Recement inlays
 2920 Recement crowns
 2950 Crown build-ups - pin retained

IV. Endodontics

Pulp Capping (excluding restoration)
 3110 Pulp cap-direct
 3120 Pulp cap-indirect
Pulpotomy (excluding restoration)
 3220 Vital pulpotomy
Root Canal Therapy (includes treatment plan, clinical procedures, and follow-up care; excludes restoration)
 3310 One canal
 3311 One canal (in conjunction with apicoectomy)
 3320 Two canals
 3321 Two canals (in conjunction with apicoectomy)
 3330 Three canals
 3331 Three canals (in conjunction with apicoectomy)
 3350 Apexification
Periapical Services
 3410 Apicoectomy, performed as a separate surgical procedure

V. Periodontics

Surgical Services
 4210 Gingivectomy or gingivoplasty, per quadrant
 4220 Gingival curettage, and root planing, per quadrant
 4260 Osseous surgery, per quadrant
 4261 Osseous graft-single site including flap entry and closure and donor site
 4262 Osseous graft-multiple site including flap entry and closure and donor site, per quadrant
Adjunctive Services
 4330 Occlusal adjustment (limited; not involving restoration)
 4331 Occlusal adjustment (complete; not involving restoration)
 4340 Periodontal scaling (12 or more teeth)
 4341 Periodontal scaling (fewer than 12 teeth)
Miscellaneous Services
 4910 Periodontal prophylaxis

VI. Prosthodontics-Removable

Complete Dentures
 5110 Complete upper
 5120 Complete lower
 5130 Immediate upper
 5140 Immediate lower
Partial Dentures
Acrylic Base
 5211 Upper without clasps
 5212 Lower without clasps
 5215 Upper with two gold clasps, with rests
 5216 Upper with two chrome clasps, with rests
 5217 Lower with two gold clasps, with rests

5218 Lower with two chrome clasps, with rests
 5230 Lower with gold lingual bar and two clasps, acrylic base
 5231 Lower with chrome lingual bar and two clasps, acrylic base
 5240 Lower with gold lingual bar and two clasps, cast base
 5241 Lower with chrome lingual bar and two clasps, cast base
 5250 Upper with gold palatal bar and two clasps, acrylic base
 5251 Upper with chrome palatal bar and two clasps, acrylic base
 5260 Upper with gold palatal bar and two clasps, cast base
 5261 Upper with chrome palatal bar and two clasps, cast base
Removable unilateral partial denture, clasp attachments; per unit including pontics
 5280 One piece gold casting
 5281 One piece chrome casting
Full Cast Partial Denture
 5291 Upper with two gold clasps
 5292 Upper with two chrome clasps
 5293 Lower with two gold clasps
 5294 Lower with two chrome clasps
 5320 Each additional tooth (applies to 5291-5294 only)

Adjustments to denture (6 mos. after installation or by dentist other than dentist providing appliances)
 5410 Complete denture
 5421 Partial denture (upper)
 5422 Partial denture (lower)
Repair broken complete or partial denture
 5610 No teeth damaged
 5620 Replace one broken tooth
 5630 Replace additional teeth, each tooth
 5640 Replace broken tooth on denture, no other repairs
Adding teeth to partial to replace extracted tooth:
 5650 Each tooth not involving clasp
 5660 Each tooth involving clasp
 5670 Reattaching damaged clasp
 5680 Replacing broken clasp with new clasp
 5690 Each additional broken clasp with rest
 5730 Relining upper or lower complete denture (office reline)
 5740 Relining upper or lower partial denture (office reline)
 5750 Relining upper or lower complete denture (laboratory)
 5760 Relining upper or lower partial denture (laboratory)
 5850 Tissue conditioning

VII. Prosthodontics-Fixed

Fixed Bridges
Bridge Pontics
 6210 Cast gold
 6211 Cast - non-precious
 6212 Cast - semi-precious
 6220 Slotted (Steele's) facing
 6230 Slotted (Tru) Pontic
 6240 Porcelain fused to gold
 6241 Porcelain fused to non-precious metal
 6242 Porcelain fused to semi-precious metal
 6250 Plastic processed to gold
 6251 Plastic processed to non-precious metal
 6252 Plastic processed to semi-precious metal
Abutments
 6520 Two surface gold inlay
 6530 Three or more surface gold inlay
 6540 Gold inlay, (onlaying cusps)

Repairs

Replace broken pin facing:
 6610 With slotted (Steele's) or other facing
 6620 Where post is intact
 6630 Where post backing is broken
 6640 With acrylic
 6650 Replace broken Pontic
Crowns
 6710 Plastic (acrylic)
 6720 Plastic processed to gold
 6721 Plastic processed to non-precious metal
 6722 Plastic processed to semi-precious metal
 6740 Porcelain
 6750 Porcelain fused to gold
 6751 Porcelain fused to non-precious metal
 6752 Porcelain fused to semi-precious metal
 6780 Gold ($\frac{3}{4}$ cast)
 6790 Gold (full cast)
 6791 Non-precious metal (full cast)
 6792 Semi-precious metal (full cast)
Other Services
 6930 Recement bridge
 6960 Dowel pin (in addition to crown per tooth)

VIII. Oral Surgery

(All procedures include local anesthesia and postoperative care)
Simple extractions
 7110 Single tooth
 7120 Each additional tooth
Surgical Extractions
 7210 Erupted tooth
 7220 Soft tissue impaction
 7230 Partial bony impaction
 7240 Complete bony impaction
 7241 Complete bony impaction presenting unusual difficulty and circumstances
Other Surgical Procedures
 7285 Biopsy of oral tissue: hard
 7286 Biopsy of oral tissue: soft
Alveoplasty (surgical preparation of ridge for dentures), per quadrant:
 7310 In conjunction with extractions
 7320 Not in conjunction with extractions

IX. Orthodontics

Comprehensive Full Banded Treatment
 8010 Preliminary Study (including cephalometric radiographs, diagnostic casts and treatment plan)
 8020 First month of active treatment including all active and retention appliances
 8030 Active treatment, per month after first month
 8040 Retention treatment per visit
 8050 Examination, treatment, or adjustment of appliance, per visit
Other Orthodontic Treatment Appliances for Tooth Guidance
 8110 Removable
 8120 Fixed or cemented
Appliances to Control Harmful Habits
 8210 Removable
 8220 Fixed or cemented
Orthodontic Retention Appliances
 8310 Removable
 8320 Fixed or cemented
Adjunctive Services
Emergency Treatment
 9110 Palliative (emergency) treatment of dental pain, minor procedures
 9220 General anesthesia
 9610 Therapeutic drug injection, antibiotics only

