

## **DENTAL INSURANCE – FILING CLAIMS WHEN USING AN OUT-OF-NETWORK (Non-Participating) DENTAL PROVIDER**

If you use an Out-of-Network dental provider, how do you submit a claim?

- If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you will still be covered.
- Benefits will be paid according to your Plan of Benefits. *(Please note that by visiting a nonparticipating dentist you will not be receiving the discount afforded by utilizing our Delta Dental PPO and Delta Dental Premier networks.)*
- Delta Dental will pay you directly for covered services based on the dentist's submitted fee or Delta Dental's maximum plan allowance for non-participating dentists, whichever is less.
- You may be responsible for the difference between Delta Dental's payment and the submitted fee (balance billing), or your dentist may require you to reimburse him or her for the full amount at the time of service.
- The only exception is for Diagnostic and Preventive services which are reimbursed at 100% for both participating and non-participating dentists.

**Preferred Method – Request the non-participating dentist to file your claims electronically:**

- The claim must include the employee's 9-digit member ID# on the electronic claim submission.
- The 9-digit member ID# is the number zero then the last 4 digits of the employee's social security # and then the month and date of the employee's birth date – (example 022220206 - 0, xxx-xx-2222 and born February 2, 2006.)
- Failure to include this number will significantly delay the processing of the claim.

**Other Method - If your dentist or you need to mail the claim for reimbursement the following is required:**

- A completed claim form or walk-out statement from the dentist.
- The claim form or the walk-out statement should include the date of service, procedure codes and charges, and dentist practice information – dentist name, address, telephone and tax identification number.
- The claim form or walk-out statement must include the employee's 9-digit member ID# written to the right of the employee or patient name and address block.
- The 9-digit member ID# is the number zero then the last 4 digits of the employee's social security # and then the month and date of the employee's birth date – (example 022220206 - 0, xxx-xx-2222 and born February 2, 2006).
- Failure to include this number will significantly delay the processing of your claim.
- Make sure the claim is mailed to: Delta Dental, PO Box 9085, Farmington Hills, MI 48333-9085
- Be sure to keep copies of all documents for your records.

**If a claim is not filed electronically**, mailing is the only method at this time for claims to be submitted. Please allow at least 5 days for mailing to and from the Delta Dental claims office in Michigan.