

THIS FORM WILL BE RETURNED IF IT IS INCOMPLETE OR INCORRECT

NOTICE TO MEMBERS

PRE-DETERMINATION BY THE FUND'S DENTAL CONSULTANT IS REQUIRED FOR ANY PROPOSED COURSE OF TREATMENT IN WHICH A DENTIST CHARGES WILL AMOUNT TO \$600 OR MORE. X- RAYS MUST BE INCLUDED WITH TREATMENT PROGRAMS SUBMITTED FOR PRE-DETERMINATION. Pre-determination by the Fund's Dental Consultant is limited to the approval of the course of treatment proposed; it does not include approval of payment for services not covered under the Dental Plan, the patient's eligibility or guaranteed payment. Completed treatment accounting to \$1,000 or more may require examination of patient by Fund's Consultant Dentist before payment is made.

- 9 CLAIM MUST BE SUBMITTED WITHIN ONE YEAR AFTER COMPLETION OF COURSE OF DENTAL TREATMENT.
- 0 Bring a claim form with you when you visit your dentist. Complete your part - give all the information required. DISCUSS FEES BEFORE SERVICES ARE PERFORMED. If you have any questions about your dental benefits, contact the Dental Program Administrator.
- 0 A covered patient may go to any dentist, anywhere, and the amount of payment is the same regardless of the dentist chosen.
- 0 Please make sure you have signed the dental procedure certification box on the bottom of the claim form.
- 0 Mail this form to: Faculty Association Suffolk Community College
Benefit Fund
c/o Daniel H. Cook Associates, Inc.
253 West 35th Street - 12th Floor
New York, New York 10001 Telephone: (212) 505-5050 or 1-800-342-6651
- 0 Active member and retiree benefits under this plan have been made available by the Trustees and are always subject to modification or termination in the exercise of the prudent discretion of the Trustees.

DEPENDENT STUDENT COVERAGE: An unmarried child who is a full time student will be covered up to age 25(12 hours enrolled for undergraduate credits or 6 hours graduate credits). Proof of student status must be submitted to the Fund before a claim can be honored. Such proof consists of completion of FA Benefit Fund Student Verification Form or a letter from the college or university attesting to his/her full time attendance during the period that dental services were performed. If this proof has already been recorded with the Fund, it is not necessary to resubmit it with this claim.

...

NOTICE TO DENTISTS

- 0 Please note that copies of signatures and "signatures on file" will not be accepted by the Fund office and the claim form will be returned to you. There is no assignment of benefits under this dental program unless you are a participating provider.-
- 0 Pre-Treatment Determination must be filed not later than 30 days after examination.
- 0 If services rendered are for emergency treatment or due to an accidental injury, Pre-Determination will not be necessary.
- 0 PRE-DETERMINATION BY THE FUND'S DENTAL CONSULTANT IS REQUIRED FOR ANY PROPOSED COURSE OF TREATMENT IN WHICH A DENTIST CHARGES WILL AMOUNT TO \$600 OR MORE. X-RAYS MUST BE INCLUDED WITH TREATMENT PROGRAMS SUBMITTED FOR PRE- DETER MI NATION. Pre-determination by the Fund's Dental Consultant is limited to the approval of the course of treatment proposed; it does not include approval of payment for services not covered under the Dental Plan, the patient's eligibility or guaranteed payment. Completed treatment amounting to \$1,000 or more may require examination of patient by Fund's Consultant Dentist before payment is made.
- 0 All procedures must have corresponding CDT/ADA procedure codes listed in order to be processed.

FUND DENTAL CONSULTANT REMARKS:

ANYONE INTENTIONALLY MISUSING THIS FORM FOR THE PURPOSE OF OBTAINING IMPROPER PAYMENTS IS SUBJECT TO APPROPRIATE ACTION.