



Local 456

TEAMSTERS DENTAL BENEFITS PROGRAM

TEAMSTERS Municipal Town or City of



MAIL THIS CLAIM FORM PROMPTLY

To: LOCAL 456 TEAMSTERS HEALTH & WELFARE FUNDS 160 SOUTH CENTRAL AVE. ELMSFORD, N.Y. 10523

Part I - To Be Completed By Member.

Form with fields for Patient Name, Relationship to Member, Patient Birthdate, Members Name, Members Social Security No, Members Mailing Address, Employer (Company) Name and Address, City State Zip, Group No, Are Other Family Members Employed?, Name and Address of Employer in Item 13, Is Patient Covered by Another Dental Plan?, Dental Plan Name, Union Local, Group No, Name and Address of Carrier, and signature lines for Patient/Parent and Employee.

Part II - To Be Completed By Attending Dentist - Refer to Nomenclature and codes before completing this part.

Form with fields for Dentist Name, Mailing Address, City State Zip, Dentist License No, Dentist Phone No, First Visit Date, Radiographs or Models Enclosed, Examination and Treatment Plan, and various checkboxes for insurance coverage and treatment types.

CHECK ONE: DENTIST'S STATEMENT OF ACTUAL CHARGES. DENTIST'S PRE-TREATMENT ESTIMATE OF CHARGES

Table for Examination and Treatment Plan with columns for Tooth No or Letter, Surface, Description of Service, Date Service Performed, Procedure Number, Fee, and Total Fee Charged.

Dentist Certification for Services Provided, Dental Determination, Member Certification, and Group Certification sections.

Summary table for Total Fee Charged, Max Allowable, Unrecoverable, C.D.R., and Total Benefit.

INSTRUCTIONS FOR MEMBER AND DENTIST ON REVERSE SIDE

## Instructions For Filing A Claim Or Pre-Treatment Review

### Instructions for Member:

Claim forms are available at your place of employment or the Welfare Fund Office. ■ Take a claim form with you when you visit the dentist. ■ Fill out and sign your part — give all the information required. ■ **DISCUSS FEES BEFORE SERVICES ARE PERFORMED.** ■ If you have any questions about benefits, contact the Fund Office at (914) 592-9330 Mon -Fri. from 8 a.m. to 5 p.m.

■ A member or dependent may utilize the services of any dentist they wish, however the Fund has a panel of participating dentists and specialists that have agreed to service you and your dependents at either a greatly reduced rate or at no out-of-pocket expense to you at all. ■ Read your Plan booklet to better understand your benefits. ■ If you choose to use a participating dentist make sure you identify yourself before work begins. ■ **A LIST OF PARTICIPATING DENTISTS IS AVAILABLE AT THE FUND OFFICE.**

### Instructions for Dentist:

It is imperative that the service codes be utilized on the claim form. **THE FUND OFFICE RESERVES THE RIGHT TO RETURN ANY CLAIM THAT IS NOT COMPLETELY CODED.** ■ Each procedure must have a separate and distinct fee. ■ If services cannot be completed within 6 months from date of exam, patient must obtain a new authorization and claim form for all incompleated services. ■ **A PRE-OPERATIVE AND POST-OPERATIVE X-RAY OF ROOT CANAL WORK IS REQUIRED. POST-OPERATIVE BITEWING X-RAYS MUST BE PROVIDED WHEN REQUESTED BY THE FUND OFFICE.**

### Claims -- Mailing and Payments:

A completed claim form, signed by both the dentist who rendered the services and by the member, must be filed within 30 days after termination of the services or within 90 days of the time when the services commenced, whichever is sooner. ■ Subsequent services are then reported on other claim forms. ■ Dental Benefit checks will be mailed to the member unless the assignment of benefits has been signed on the claim form. ■ **THIS CLAIM FORM AND ALL PARTS THEREOF MUST BE MAILED TO THE FUND OFFICE FOR PRE-ESTIMATE OR FOR PAYMENT OF CLAIM. DO NOT DETACH ANY PART OF THIS FORM.**

## NOMENCLATURE AND CODES

*NOTE. For any code not listed use the American Dental Association codes. The list of procedures shown below is intended to aid in expediting claim payments, not as a description of this patient's plan.*

<p><b>PREVENTIVE</b></p> <p><b>PROPHYLAXIS AND FLUORIDE TREATMENT</b></p> <p>1115 Adult Prophylaxis (including oral exam) — age 14 and over</p> <p>1125 Child Prophylaxis (including oral exam) — to age 14</p> <p>1212 Topical application of sodium fluoride, four treatments (including prophylaxis and oral exam)</p> <p>1222 Topical application of stannous fluoride, one treatment (including prophylaxis and oral exam)</p> <p><b>SPACE MAINTAINERS</b></p> <p>1510 Fixed — unilateral type</p> <p>1525 Removable — bilateral type</p> <p><b>DIAGNOSTIC</b></p> <p><b>RADIOGRAPHS</b></p> <p>0210 Intraoral — complete series (including bitewings if necessary)</p> <p>0220 Intraoral periapical — single, first film</p> <p>0230 Intraoral periapical — each additional film</p> <p>0270 Bitewing — single, film</p> <p>0272 Bitewings — two films</p> <p>0274 Bitewings — four films</p> <p>0330 Panoramic — maxilla and mandible film (including bitewings if necessary)</p> <p>0340 Cephalometric film</p> <p>0470 Diagnostic casts</p> <p><b>CLINICAL ORAL EXAMINATION</b></p> <p>0120 Periodic oral examination performed with services other than prophylaxis</p> <p>0135 Office visit for treatment and observation of injuries to teeth and supporting structure, other than for routine operative procedures</p> <p><b>RESTORATIVE</b></p> <p><b>AMALGAM RESTORATIONS</b> (Including polishing)</p> <p>2110 Amalgam — one surface, deciduous</p> <p>2120 Amalgam — two surfaces, deciduous</p> <p>2130 Amalgam — three surfaces, deciduous</p> <p>2140 Amalgam — one surface, permanent</p> <p>2150 Amalgam — two surfaces, permanent</p> <p>2160 Amalgam — three surfaces, permanent</p> <p>2190 Pin retention — exclusive of amalgam (indicate number of pins)</p> <p><b>SILICATE, ACRYLIC &amp; PLASTIC RESTORATIONS</b></p> <p>2210 Silicate cement per restoration</p> <p>2310 Acrylic or plastic per restoration</p> <p>2333 Composite resin per restoration</p> <p>2335 Composite resin (involving incisal angle)</p> <p><b>GOLD INLAY RESTORATIONS</b></p> <p>2510 Inlay — gold, one surface</p> <p>2520 Inlay — gold, two surfaces</p> <p>2530 Inlay — gold, three surfaces</p> <p>2540 Onlay — per tooth (in addition to above)</p> <p><b>CROWNS — SINGLE RESTORATIONS ONLY</b></p> <p>2710 Plastic (acrylic)</p> <p>2711 Plastic — prefabricated</p> <p>2720 Plastic with gold</p> <p>2721 Plastic with nonprecious metal</p> <p>2740 Porcelain</p> <p>2750 Porcelain with gold</p> <p>2751 Porcelain with nonprecious metal</p> <p>2790 Gold (full cast)</p> <p>2791 Nonprecious metal (full cast)</p> <p>2810 Gold (3/4 cast)</p> <p>2830 Stainless steel</p> <p>2840 Temporary (fractured tooth)</p> <p>2892 Steel post and composite or amalgam in addition to crown</p>	<p><b>ENDODONTICS</b></p> <p><b>PULP CAPPING</b></p> <p>3110 Pulp cap — direct (excluding final restoration)</p> <p>3940 Recalcification of perforations</p> <p><b>ROOT CANAL THERAPY</b> (Including treatment plan, clinical procedures, and follow-up care. Does not include final restoration.)</p> <p>3311 One canal, Sargenti</p> <p>3315 One canal, traditional</p> <p>3321 Two canals, Sargenti</p> <p>3325 Two canals, traditional</p> <p>3331 Three canals, Sargenti</p> <p>3335 Three canals, traditional</p> <p><b>PERIAPICAL SERVICES</b></p> <p>3410 Apicoectomy — performed as separate surgical procedure</p> <p>3420 Apicoectomy — performed in conjunction with endodontic procedure (code root canal therapy separately).</p> <p><b>PERIODONTICS</b> (Show the teeth involved in section 32)</p> <p><b>SURGICAL SERVICES</b> (Includes post surgical visits)</p> <p>4210 Gingivectomy or gingivoplasty — per quadrant</p> <p>4216 Gingivectomy or gingivoplasty — per tooth</p> <p>4250 Mucogingival surgery — per quadrant</p> <p>4251 Mucogingival surgery — per tooth</p> <p>4260 Osseous surgery (including flap entry and closure) — per quadrant</p> <p>4266 Osseous surgery (including flap entry and closure) — per tooth</p> <p><b>OTHER PERIODONTIC SERVICES</b></p> <p>4220 Gingival curettage — per quadrant</p> <p>4910 Periodontal prophylaxis</p> <p><b>PROSTHODONTICS, REMOVABLE</b></p> <p><b>COMPLETE DENTURES</b> (Includes six months postdelivery care)</p> <p>5110 Complete upper</p> <p>5120 Complete lower</p> <p>5130 Immediate upper</p> <p>5140 Immediate lower</p> <p><b>PARTIAL DENTURES</b> (Including six months postdelivery care) (Show the teeth replaced in section 32)</p> <p>5210 Upper or lower — without clasps, acrylic base</p> <p>5220 Upper or lower — with two gold or chrome clasps with rests, acrylic base</p> <p>5231 Lower — with chrome lingual bar and two clasps, acrylic base</p> <p>5251 Upper — with chrome palatal bar and two clasps, acrylic base</p> <p>5315 Additional units (teeth or clasps) beyond 10</p> <p>5281 Removable unilateral partial denture — one piece chrome casting clasp attachments, per unit including pontics</p> <p><b>REPAIRS TO DENTURES</b></p> <p>5610 Repair broken complete or partial denture — no teeth damaged (plastic repair)</p> <p>5620 Repair broken complete or partial denture — replace one broken tooth</p> <p>5630 Replace additional teeth — each tooth</p> <p>5640 Replace broken tooth on denture — no other repairs</p> <p>5650 Adding tooth to partial denture to replace extracted tooth — each tooth (not involving clasp)</p> <p>5660 Adding tooth to partial denture to replace extracted tooth — each tooth (involving clasp)</p>	<p><b>DENTURE REBASING AND RELINING</b></p> <p>5725 Rebasing of upper or lower denture, partial or complete</p> <p>5730 Relining upper or lower complete denture (office reline)</p> <p>5740 Relining upper or lower partial denture (office reline)</p> <p><b>OTHER PROSTHETIC SERVICES</b></p> <p>5815 Denture — temporary (complete)</p> <p>5825 Denture — temporary (partial-stayplate)</p> <p><b>PROSTHODONTICS, FIXED</b></p> <p><b>FIXED BRIDGES</b> (Each abutment or each pontic constitutes a unit in a bridge)</p> <p><b>BRIDGE PONTICS</b></p> <p>6210 Cast gold</p> <p>6211 Cast nonprecious</p> <p>6240 Porcelain fused to gold</p> <p>6241 Porcelain fused to nonprecious metal</p> <p>6250 Plastic processed to gold</p> <p>6251 Plastic processed to nonprecious metal</p> <p><b>REPAIRS</b></p> <p>6615 Repair or replace broken pontic</p> <p><b>RETAINERS</b></p> <p>6520 Gold inlay — two surfaces</p> <p>6530 Gold inlay — three or more surfaces</p> <p>6540 Gold inlay — on laying cusps (per tooth in addition to above)</p> <p><b>ABUTMENT CROWNS</b></p> <p>6720 Plastic processed to gold</p> <p>6721 Plastic processed to nonprecious metal</p> <p>6750 Porcelain fused to gold</p> <p>6751 Porcelain fused to nonprecious metal</p> <p>6760 Reverse pin facing and metal</p> <p>6790 Gold (full cast)</p> <p>6791 Nonprecious metal (full cast)</p> <p><b>OTHER PROSTHETIC SERVICES</b></p> <p>6930 Recement bridge</p> <p>6940 Stress breaker</p> <p>6950 Precision attachment</p> <p>6960 Dowel pin — metal</p> <p><b>ORAL SURGERY</b></p> <p><b>SIMPLE EXTRACTIONS</b> (Including local anesthetic and routine post-operative care)</p> <p>7110 Single tooth</p> <p>7120 Each additional tooth</p> <p><b>SURGICAL EXTRACTIONS</b> (Including local anesthetic and routine post-operative care)</p> <p>7210 Extraction of tooth — erupted (including tissue flap and bone removal)</p> <p>7225 Extraction of tooth — soft tissue impaction</p> <p>7235 Extraction of tooth — partial bony impaction</p> <p>7245 Extraction of tooth — complete bony impaction</p> <p>7250 Root recovery (surgical removal of residual root)</p> <p><b>ALVEOPLASTY</b> (Surgical preparation of ridge for dentures)</p> <p>7310 Per quadrant — in conjunction with extractions</p> <p>7320 Per quadrant — not in conjunction with extractions</p> <p><b>UNCLASSIFIED</b></p> <p>9110 Palliative (emergency) treatment of dental pain, minor procedures</p> <p>9221 Anesthetic, general in office (related to surgical procedures only)</p> <p>9225 Anesthetic, general in hospital (related to surgical procedures only)</p>
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