

INSTRUCTIONS

FOR THE EMPLOYEE

FOR THE DENTIST

1. Please answer all questions in Part I 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".

If authorized, payment will be made directly to your Dentist. A copy of the payment will be sent to you for your records. Otherwise, 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 plan at the same time.

For claims involving Predetermination of Benefits:

1. Complete the section "TO BE COMPLETED BY ATTENDING DENTIST". Be sure to itemize charges for each proposed procedure.

2. CoreSource, Inc. will review the treatment plan and will provide the estimate of benefits payable.

3. Review the form and benefit estimates with your patient before the work is done.

4. When you complete treatment, return the form with the treatment dates completed and your signature.

For claims not involving Predetermination of Benefits:

1. Complete Part II. Be sure to date and itemize charges.

2. Sign and date bottom of claim form when work is completed.

PLEASE NOTE: 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

I. DIAGNOSTIC/GENERAL	III./Restorative (Con't)	VI. Prosthodontics-Remov. (Con't)	VII. Prosthodontics-Fixed (Con't)
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 0272 Bitewing, two films 0274 Bitewing, four films 0330 Panoramic-maxillary and mandibular-single film	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 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 (% cast) 2830 Stainless steel 2891 Post and core 2892 Silver post and composite or amalgam Other Restorative Services 2910 Recement inlays 2820 Recement crowns	Partial Dentures Acrylic Base 6211 Upper without clasps 6212 Lower without clasps 6216 Upper with two chrome clasps, with rests 6218 Lower with two chrome clasps, with rests 6231 Lower with chrome lingual bar and two clasps, acrylic base 6241 Lower with chrome lingual bar and two clasps, cast base 6251 Upper with chrome palatal bar and two clasps, acrylic base 6261 Upper with chrome palatal bar and two clasps, cast base Adjustments to dentures (6 mos. after installation or by dentist other than dentist providing appliances) 6410 Complete denture 6421 Partial denture (upper) 6422 Partial denture (lower) Repair broken complete or partial denture 6610 No teeth damaged 6620 Replace one broken tooth 6630 Replace additional teeth, each tooth 6640 Replace broken tooth on denture, no other repairs Adding teeth to partial to replace extracted tooth: 6850 Each tooth not involving clasp 6860 Each tooth involving clasp 6730 Relining upper or lower complete denture (office relin) 6740 Relining upper or lower partial denture (office relin) 6750 Relining upper or lower complete denture (laboratory) 6760 Relining upper or lower partial denture (laboratory)	6780 Gold (% cast) 6790 Gold (full cast) 6791 Non-precious metal (full cast) 6792 Semi-precious metal (full cast) Other services 6930 Recement bridge 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 Alveoloplasty (surgical preparation of ridge for dentures), per quadrant: 7310 In conjunction with extractions 7320 Not in conjunction with extractions
II. PREVENTIVE Dental Prophylaxis (including scaling & polishing) 1110 Adults 1120 Children under 14 Fluoride Treatments Topical application of sodium fluoride, four treatments 1210 Excluding prophylaxis Topical application of stannous fluoride, one treatment 1220 Excluding prophylaxis Space Maintainers 1510 Fixed, unilateral type 1515 Fixed, bilateral type 1520 Removable, unilateral type 1525 Removable, bilateral type	IV. ENDODONTICS Pulpotomy (excluding restoration) 3220 Therapeutic pulpotomy Root Canal Therapy (includes treatment plan, clinical procedures, and follow-up care; excludes restoration) 3310 One canal 3320 Two canals 3330 Three canals Periapical Services 3410 Apicoectomy, performed as a separate surgical procedure	VII. PROSTHODONTICS-FIXED Fixed Bridges Bridge Pontics 6210 Cast gold 6211 Cast non-precious 6212 Cast semi-precious 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) Crowns 6710 Plastic (acrylic) 6720 Plastic processed to gold 6721 Plastic processed to non-precious metal 6722 Plastic processed to semi-precious metal 6750 Porcelain fused to gold 6751 Porcelain fused to non-precious metal 6752 Porcelain fused to semi-precious metal	IX. ORTHODONTICS Comprehensive Full Banded Treatment 6020 Preliminary Study (including cephalometric radiographs, diagnostic casts and treatment plan) and first month of active treatment including all active and retention appliances 6030 Active treatment, per month after first month Other Orthodontic Treatment Appliances for Tooth Guidance 6110 Removable 6120 Fixed or cemented Appliances to Control Harmful Habits 6210 Removable 6220 Fixed or cemented
III./RESTORATIVE Amalgam Restorations (deciduous teeth) 2110 Amalgam-one surface 2120 Amalgam-two surfaces 2130 Amalgam-three surfaces Amalgam Restorations (permanent teeth) 2140 Amalgam-one surface 2150 Amalgam-two surfaces 2160 Amalgam-three surfaces 2161 Amalgam-four surfaces Silicate Restorations 2210 Silicate cement-per restoration Filled or Unfilled Resin Restorations 2330 Composite resin-one surface 2331 Composite resin-two surfaces 2332 Composite resin-three surfaces 2336 Composite resin, involving incisal angle Gold Inlay Restorations 2620 Inlay, gold-two surfaces 2630 Inlay, gold-three surfaces	V. PERIODONTICS Surgical Services 4210 Gingivectomy or gingivoplasty, per quadrant 4280 Osseous surgery, per quadrant Adjunctive Services 4330 Occlusal adjustment (limited; not involving restoration) 4331 Occlusal adjustment (complete; not involving restoration) 4340 Root Planing, entire mouth 4341 Root Planing, per quadrant Miscellaneous Services 4010 Periodontal prophylaxis (periodontal maintenance procedures following active periodontal therapy)	VI. PROSTHODONTICS-REMOVABLE Complete Dentures 6110 Complete upper 6120 Complete lower 6130 Immediate upper 6140 Immediate lower	X. ADJUNCTIVE SERVICES Emergency Treatment 6110 Palliative (emergency) treatment of dental pain, minor procedures 6220 General anesthesia