

PATIENT ATTESTATION

To request assignment of benefits to a non-participating dentist

Under Delta Dental's contract with the State of Delaware Employees Group, Delta Dental requires any non-participating dentist requesting direct assignment of benefits for covered services provided to an eligible State of Delaware enrollee to submit this signed patient attestation, together with any claim for covered services. If submitting such a claim via electronic claims submission (ECS), make certain to include a scanned version of this form using the attachment and/or notes function within your dental office software. The purpose of this form is to ensure the patient fully understands and agrees to waive certain rights and protections when opting out of the Delta Dental PPO™ and Delta Dental Premier® dental networks.

I, the undersigned, request the assignment of my benefits to Dr. _____, who is not a participating Delta Dental dentist, for the covered services that will and/or have been provided. I attest that in making this request, I agree to forego the following rights and protections available to me when obtaining covered services from a participating dentist under the terms of the State of Delaware group dental insurance policy:

- The right not to be balance billed.** Delta Dental PPO and Delta Dental Premier dentists agree to a fee schedule that ranges from 15% to 30% below the usual prevailing fees of dentists within the same ZIP code. They agree to not balance bill a Delta Dental enrollee beyond the discounted fee, which also reduces the out-of-pocket costs of our enrollees when they stay in-network. When electing to receive out-of-network care from a non-participating dentist, the enrollee has a financial obligation to pay the difference between what Delta Dental would have paid under its participating in-network agreement, and the higher usual fee of the non-participating dentist.
- The right to see a dentist fully credentialed by Delta Dental.** Dentists who participate in the Delta Dental PPO and Delta Dental Premier networks have their licensure, education and practice history reviewed as a part of our ongoing credentialing activities, which serves to protect enrollees against dentists with licensing and permit issues. Non-participating dentists have not undergone this level of review.
- The right to receive covered services fully subject to Delta Dental's Quality Management network oversight activities.** Our Quality Management (QM) program evaluates the quality and appropriateness of care provided to our enrollees at a much higher level when the care is provided by network dentists. This program identifies dentists with performance problems and works with them to correct those deficiencies, leveraging our provider contracts. If a dentist is removed from our network for quality reasons, the appropriate regulatory agencies are notified. Our QM program provides enrollees with an additional measure of consumer protection against dentists who may not be practicing according to accepted community standards of care.
- The right to appeal the quality of work provided under Delta Dental's in-network grievance program.** Delta Dental's Grievance program gives enrollees an avenue to have complaints against network dentists investigated and resolved. Grievance resolutions can include recoupment of overcharges from network dentists and re-treatment for unacceptable services at no additional cost. Enrollees receiving services from non-participating dentists do not have this protection because Delta Dental does not have a contractual relationship with the dentists; enrollees may be forced instead to seek costly and time-consuming legal remedies themselves.
- The right to receive Delta Dental's fullest protection against fraud and abuse.** As with enrollee grievances, Delta Dental's ability to investigate and address possible fraud and abuse is hampered when we lack agreement with non-participating dentists that gives us optimal access to patient records and the ability to require corrective action.

I, the undersigned, have read all the rights and protections I am foregoing by receiving services from a non-participating dentist.

Signature _____

Date _____