

YONKERS FEDERATION OF TEACHERS WELFARE FUND DENTAL BENEFIT

35 East Grassy Sprain Road, Suite 502
Yonkers, NY 10710

This Form Will Have to Be Returned if it is incomplete or Incorrect

NOTICE TO MEMBERS

Per-Treatment Authorization Required for \$500 or More

ANY PROPOSED DENTAL TREATMENT PROGRAM WITH DENTIST'S CHARGES OF \$500 PER COURSE OF TREATMENT OR MORE (DENTIST'S ACTUAL CHARGES) MUST BE CERTIFIED BY THE WELFARE FUND'S DENTAL CONSULTANT BEFORE THE TREATMENT IS BEGUN. X-RAYS MUST BE INCLUDED IF THE CLAIM IS \$500 PER COURSE OF TREATMENT OR MORE. A claim submitted for pre-treatment authorization will be returned to the dentist indicating the pre-treatment authorization decision. The pre-treatment authorization will be sent simultaneously to you and to the dentist. **Work related to this claim, which was submitted for Pre-Treatment Authorization, must be completed within one year from the date of approval.**

- **CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS AFTER COMPLETION OF DENTAL SERVICES.**
- **Claim forms are available at the Fund Office.**
- **TAKE 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 questions about benefits contact the Welfare Fund office or the Fund's Dental Consultant at (212) 505-5050.**
- **A COVERED PATIENT MAY GO TO ANY DENTIST, ANYWHERE, AND THE AMOUNT OF PAYMENT IS THE SAME REGARDLESS OF DENTIST CHOSEN.**
- **Mail your claim form to: Yonkers Federation of Teachers Welfare Fund at the address noted above.**

NOTICE TO DENTISTS

Complete all required statements, itemize all proposed services and fees, include X-rays and return form to the Welfare Fund at the address noted above. You will be advised if proposed procedures have been approved. Pre-treatment authorization means that the services are warranted, but is not a guarantee of payment. Benefits are payable as long as patient remains eligible for this dental coverage on the date treatment is rendered.

Pre-treatment Authorization must be filed not later than 30 days after examination.

If services rendered are for emergency treatment, due to an accidental injury, Authorization will not be required.

INSTRUCTIONS FOR SERVICES LESS THAN \$500

- **If the estimated charges will be less than \$500, Pre-Treatment Authorization is not required.**

INSTRUCTIONS TO DENTIST

Complete all required statements, including present condition, description of services and dates performed- Return completed form to member or the Fund office.

INSTRUCTIONS TO MEMBER

When treatment has been completed, your dentist will return claim form to you. At this time complete the employee section, sign, and send the claim form to the Fund office at the address noted at the top of the page.

IMPORTANT NOTICE!

Any person who knowingly and with the intent to defraud or deceive the Welfare Fund files an application for coverage or statement of claim containing any false or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.