ARTA RETIREE BENEFITS PLAN c/o ASEBP
Allendale Centre East
Suite 301, 6104-104 Street NW
EDMONTON AB T6H 2K7
780-989-8709 (Edmonton) Toll-free: 1-855-444-2782
Fax: 780-438-5304 Email: arta@asebp.ca

DENTAL CARE CLAIM FORM

Policy # 19930

PART 1 DENTIST

Unique No. | Spec | Patient's Office Account No.

Patient's name _____

Mailing address (including postal code)

_____

_____

Phone _____

Dentist's information

Phone _____

I, the plan member of the ARTA Retiree Benefits Plan, hereby assign benefits payable for this claim to the named dentist and authorize payment directly to him/her/them.

_____
Plan member's signature

FOR DENTIST USE ONLY: Additional information, diagnosis, procedures or special consideration

Duplicate form ☐

I acknowledge that the total fee of

$ _____ is accurate and has been charged to me for services rendered.

_____
Patient signature (Parent/Guardian)

Office verification

Date of service Yr	Mo	Day	Procedure code	Tooth code	Tooth surfaces	Dentist fee	Lab. charges	Total charges

This is an accurate statement of services performed and the total fee due and payable.

TOTAL FEE SUBMITTED

DENTAL ACCIDENT ONLY

Is treatment required as a result of an accident?

☐ NO ☐ YES

If yes, please complete the following:

Date of accident: _____

Teeth injured: _____

Details of accident: _____

_____

_____

PART 2 PLAN MEMBER STATEMENT *(See page 2 for specific instructions)*

1. Plan member's name: _____

Policy: 19930 Section Code: A

Address: _____

_____

ARTA Benefits ID #: 4

Patient's date of birth: YYYY _____ MM _____ DD _____

2. Patient's name: _____

Relationship to plan member: _____

3. For crown, bridge or dentures: Is this an initial placement? ☐ NO ☐ YES

If no, indicate date of insertion of existing crown, bridge or denture. YYYY _____ MM _____ DD _____

4. Is treatment required for orthodontic purposes? ☐ NO ☐ YES

COORDINATION OF BENEFITS

Is your spouse/partner covered under another insurance plan? ☐ NO ☐ YES

Is your child covered under another insurance plan? ☐ NO ☐ YES

If **yes**, name of other insurance company: _____

Policy # _____ ID# _____

Spouse/partner or child's date of birth: YYYY _____ MM _____ DD _____

CONSENT FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

I understand that the personal information contained in this form (with supporting documentation) and other personal information held by the Alberta Retired Teachers' Association (ARTA) and its benefits plan administrator, the Alberta School Employee Benefit Plan (ASEBP), is used to determine eligibility of this benefit, verify, assess and pay claims and administer the benefits plan. By submitting this claim form, I request payment for the listed expenses based on my group benefits plan guidelines and understand that these expenses may not be covered or may exceed my plan benefits and understand that I am financially responsible to my dentist for the entire treatment.

It may be necessary for ASEBP to disclose some or all of the personal information provided to a third party service provider for the purposes identified above. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my and my dependants' eligibility to receive group benefits.

I understand that by virtue of the provisions of the Personal Information Protection Act of Alberta, my dependants are deemed to consent to the collection, use and disclosure of their personal information for the purpose of enrolment in and coverage under the group benefits plan, through me as the applicant.

I agree to the above and declare that my statements in this expense reimbursement request are complete, accurate and true.

Signature: _____ Date: _____

DENTAL CARE CLAIM **FAXED CLAIMS ARE NOT ACCEPTED**

The reimbursement is applied to the lesser of the actual cost of the expense or the applicable maximum fee level of the current *ARTA Dental Benefit List*.

	PLAN DESCRIPTIONS
Option A	• 80% of basic/preventive includes: one (1) exam per year; eight (8) units scaling and/or root planning per year; four (4) units of facility fees for surgical extracts. Examples include examinations, x-rays, cleaning and polishing, fillings, extractions, etc. • 80% of minor restorative includes: endodontics/periodontics. Examples include root canal treatment, gingival curettage, etc. Maximum is $750 per insured person per calendar year. • 50% of major restorative includes: crowns/posts/inlays/onlays. Examples include crowns on natural teeth, etc. Combined maximum of $800 per calendar year. • 50% of major restorative includes: bridges/dentures/implants. Examples include implants, crowns on implants, partial and full bridges, partial and full dentures, etc. Combined maximum of $800 per calendar year.
Option B	• 80% of basic/preventive includes: one (1) exam per year; eight (8) units scaling and/or root planning per year; four (4) units of facility fees for surgical extracts. Examples include examinations, x-rays, cleaning and polishing, fillings, extractions, etc. • 80% of minor restorative includes: endodontics/periodontics. Examples include root canal treatment, gingival curettage, etc. Maximum is $750 per insured person per calendar year. • No major restorative coverage for crowns/posts/inlays/onlays. Examples include crowns on natural teeth, etc. • No major restorative coverage for bridges/dentures/implants. Examples include implants, crowns on implants, partial and full bridges, partial and full dentures, etc.
Option C	• 65% of basic/preventive includes: one (1) exam per year; eight (8) units scaling and/or root planning per year; four (4) units of facility fees for surgical extracts. Examples include examinations, x-rays, cleaning and polishing, fillings, extractions, etc. • 65% of minor restorative includes: endodontics/periodontics. Examples include root canal treatment, gingival curettage, etc. Maximum is $750 per insured person per calendar year. • No major restorative coverage for crowns/posts/inlays/onlays. Examples include crowns on natural teeth, etc. • No major restorative coverage for bridges/dentures/implants. Examples include implants, crowns on implants, partial and full bridges, partial and full dentures, etc.

Dental Estimates: (Predetermination)	A dental estimate is not required for claim payment under the ARTA Retiree Benefits Plan. It will be supplied to you if your dentist submits the request using one of the following methods: • A paper request where the proposed dental treatment plans are **over** $500 • An electronic request where the proposed dental treatment plans are **under** $500

X-rays must accompany claims for major services on anterior teeth.

To ensure that your claim is processed promptly, please read the following instructions. Your claim may be returned if any of the required information is missing or incomplete.

1. Have your dentist complete the statement in Part 1
2. Plan member must complete the statement on Part 2

Note: i) A separate form is required for each person for whom a claim is being made
ii) Additional forms are available on ARTA's website (www.arta.net)
iii) The form must be signed by the plan member

CLAIM SUBMISSION DEADLINE

Claims must be received by ARTA's plan administrator, ASEBP, before the end of the calendar year following the year the expense is incurred. For example, claims incurred in 2016 must be received before December 31, 2017. Claims received outside this period will not be paid.

ACCIDENTAL DENTAL REQUIREMENTS

Accidental dental requires a completed *Dental Care Claims* form clearly identifying all injured teeth, the date of the accident and an explanation of how the accident happened. Please make sure to write "**dental accident**" across the top of the first claim form you submit.

Please mail your completed *Dental Care Claim* form with original receipts/invoices firmly attached, to:

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Sponsored by: ARTA Alberta Retired Teachers' Association

ARTA Retiree Benefits Plan administered by: asebp