

Dentegra Insurance Company Patient Assignment Of Benefits To An Out-Of-Network Provider



For Enrollee: Any eligible Dentegra enrollee in West Virginia who: (1) wants to receive covered services from a provider who is not a part of Dentegra's networks (non-participating); and, (2) chooses direct assignment of benefits for those covered services (as further explained below), must formally sign an assignment of benefits.

For Provider: A non-participating provider must submit this signed patient assignment of benefit form with each claim for covered services. If submitting such a claim via electronic claims submission (ECS), include a scanned version of this form using the attachment and/or notes function within your dental office software.

This form is also available on Dentegra's website at dentegra.com/privacy-policy

I request the assignment of my benefits for the covered services listed in the attached claim form to Dr. _____, who does not participate in Dentegra's networks. I understand that by choosing to receive treatment from a non-Dentegra provider I will no longer receive the following protections that are afforded me under the terms of my dental insurance policy if I receive the same services from a Dentegra provider:

- 1. No Balance Billing.** Participating Dentegra providers agree to accept fees that range from 15% to 30% below the usual fees of providers in the same ZIP code for the same services and not to bill for any amount above that fee. I understand this will lower my out-of-pocket cost when I see a Dentegra provider because I will not be required to pay the difference between what Dentegra pays and a higher fee of a non-participating provider.
- 2. Fully Credentialed Providers.** Dentegra regularly reviews and verifies the licensure, education, and practice history of participating network providers. This assures that treatment I receive will be by a provider with no licensing or practice issues. This is not available to me when I choose to receive treatment from a non-participating provider.
- 3. Quality Management Services.** Dentegra's Quality Management program evaluates the quality and appropriateness of care provided by Dentegra providers and works to correct any identified provider performance issues. This provides me with a layer of consumer protection against providers who do not meet common standards of care.
- 4. In-Network Grievance Program.** Dentegra's grievance program affords me the opportunity to have any complaint about the treatment I receive investigated and resolved, including recovery of any overcharge and/or re-treatment (at no additional cost) for unacceptable services. I will not have this protection because Dentegra does not have a contract with the named provider.
- 5. Protection Against Fraud and Abuse.** Dentegra's ability to investigate and address possible fraud and abuse is greater with a participating provider because the provider contract gives Dentegra both easy access to patient records and the ability to require corrective action.

I have read and understand all the protections explained above. I acknowledge that those protections are not available to me when I receive covered services from a non-participating provider. I request that Dentegra assign my benefits for covered services to the above provider, who is not a Dentegra provider.

Name (Print): _____ Date: _____

Signature: _____