

Call Delta Dental of Kentucky 1-800-955-2030

DASI ASSIST

For dental office internal use only. This matches the order of DASI's responses; just fill in the blanks or check the correct answer. Remember, say "repeat" at any time and DASI will start that section over.

The eligibility and benefits are based on the information Delta Dental has available on the date of this request and are not a guarantee of payment. Estimated patient out-of-pocket expenses can be determined prior to treatment by the submission of a predetermination.

HAVE THIS INFORMATION READY WHEN YOU	JCALL:	
Dentist's Tax ID Number:	Member's SSN/ID number:	
Patient's name:	Relationship to member: usbscriber specifier specifier specifier	oouse 🗖 dependent
Patient's date of birth:	<u> </u>	
ELIGIBILITY INFORMATION		
Eligible: uges uno		
Program enrolled in: Delta Dental Premie	er Delta Dental PPO	
☐ Other		
Group-subgroup number:	Current effective date:	
Based on the patient's current dental history, i be allowed/would not be allowed, provided man	f the following services were rendered today, the ximum is available:	following services would
Exam uges no Cleaning C	1 yes 🗖 no Perio Maintenance Cleanin	ng uges uno
BWX □ yes □ no FMX □	l yes □ no Fluoride	□ yes □ no
	Occlusal Guard	☐ yes ☐ no
Group-specific eligibility message (if any)		
BENEFIT INFORMATION		
Group Specific Benefit message (if any) Does the dentist participate in the member's property of the second secon	rogram? yes no	Limitations and Exclusions
Group Specific Benefit message (if any) Does the dentist participate in the member's property of the second secon	rogram? yes no	
Group Specific Benefit message (if any) Does the dentist participate in the member's p	rogram? yes no	
Group Specific Benefit message (if any) Does the dentist participate in the member's property and the second seco	rogram? yes no	
Group Specific Benefit message (if any) Does the dentist participate in the member's property and the second seco	rogram? yes no	
Group Specific Benefit message (if any) Does the dentist participate in the member's properties and the member's properties and the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate in the member's properties are also below the dentist participate are also	rogram? yes no	
Group Specific Benefit message (if any) Does the dentist participate in the member's properties and the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the member's properties are specified by the dentist participate in the dentist par	rogram? yes no	
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This may be duplicated for dental office use.

	Benefit %	Waiting Period	Time Limitation and Exclusions
Brush Biopsy			
Sealants			1 st molars to age, 2 nd molars to age limited to once per tooth per
Bitewing Radiographs			Payable per
Radiographs			
FMX			Payable per
Filling Restorations			
Posterior Composites			Optioned to amalgam?
Single Crowns/Crown Build Ups			per tooth in months
Endodontics			
Periodontics			
Occlusal Guard			Payable in a lifetime
Root Planning and Scaling	g		Payable per quadrant in months
Fixed Bridges, Partials and Dentures			Month replacement limit
Missing Tooth			
Denture Repairs			
Implants			
Simple Extractions			
Other Oral Surgery			
TMD			
Orthodontics			Covered to age and Adult Orthodontics ?
Group Specific Message (if any)			
Delta Dental pays for crowns, bridges	, full and part	ial dentures based	on the delivery date of the permanent appliance.

Group specii	fic maximum message (if any)			
Benefit year	begins	Benefit year ends		
Deductibles ((if any)	Amount	Met to date	Does not apply to
	Individual benefit period	\$	\$	
	Individual lifetime	\$	<u> </u>	
	Individual orthodontic	\$	\$	
	Family benefit period	\$	<u> </u>	
	Family lifetime	\$	\$	
Maximums		Amount	Used to date	Procedures that do not appl
	Individual benefit period	\$	<u> </u>	_
	Individual lifetime orthodontic	\$	\$	
	Individual maximum	\$	\$	
	Family program	\$	<u> </u>	_
	Family lifetime	\$	<u> </u>	
	\square yes \square no			
Deductible	· 			
COORDIN Internal (with this client. External (with	NATION OF BENEFITS hin the same client): Coordination of the another carrier or Delta Dental clients	ient): Coordination		e other member is covered wit
COORDIN Internal (with this client. External (with member is co	NATION OF BENEFITS thin the same client): Coordination of the another carrier or Delta Dental clovered with another dental plan.	ient): Coordination (of benefits □ is □ is not a	illowed when the
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