



HELP PLAN FOR A HEALTHY SMILE

Submit a pre-treatment estimate for your patients!

Don't leave your patients wondering how much their dental treatment is going to cost! HELP THEM by submitting a pre-treatment estimate to Delta Dental!

STEP-BY-STEP The pre-treatment estimate process At the bottom of the page, select Enter the "I do NOT have appropriate any COB Details Begin estimate information into to add to this and select the the following Claim" and then member who fields and click the "Submit On the left don't forget will be receiving Claim" button. menu screen. treatment. Then to check the Enter the click "Member" member's ID into and then click select the provider "Pre-Treatment Estimate" box for our Dental Office "Pre-Treatment specialty code (if each field item. Toolkit and click Estimates" under applicable). "Search." the Activity Log.



Q: What is a pre-treatment estimate?

A: A pre-treatment estimate is an estimate of dental benefits from Delta Dental of New Mexico that can help a member budget for dental procedures & decide how to proceed with treatment prior to dental services being performed.

SEE BACK FOR ADDITIONAL FAQ'S



Remember - there is <u>NO GUARANTEE</u> that the balance of your patient's charges will be covered by the Delta Dental Plan.¹ DO NOT schedule a patient for treatment until their pretreatment estimate is approved. If you have any questions regarding your benefits you may contact Customer Service at (877) 395-9420

¹ A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary of Benefits or Group Dental Insurance Contract for specific details about your plan.



Delta Dental of New Mexico 100 Sun Avenue, Ste. 400 Albuquerque, NM 87109

Customer Service (877) 395-9420

PRE-TREATMENT ESTIMATE - FAQ'S

Q: When would I request an estimate?

A: Pre-treatment estimates are typically the most helpful for patients when it comes to budgeting for expensive procedures, such as crowns, wisdom tooth removal, dentures or periodontal surgery.

Q: How does it work?

A: You can submit a pre-treatment estimate to Delta Dental on your patients' behalf by submitting the proposed treatment plan on our Dental Office Toolkit. Here, you can enter any relevant supporting documents, such as X-rays, that are necessary to make a benefit determination.

Delta Dental reviews all of the information provided and sends you an estimate of how much your patients' plan will cover for the specific treatment, and how much they will be responsible for paying out-of-pocket. Your estimate may take into account your patient's eligibility, plan maximums, coinsurance and other planspecific information. It typically does not take your patient's deductible into account. When you receive your patient's estimate, make sure to examine it carefully so you know what has been included.

Q: How long does it take?

A: Estimates are usually returned quickly, but in more complex cases, the analysis can take a few weeks to complete.

Q: How precise is the estimate?

A: Pre-treatment estimates are not a guarantee of coverage, but are meant to provide your patient with a general idea of how much the treatment may cost.

Q: Why would I get a pre-treatment estimate?

A: Knowing the cost associated with the specific dental treatments can help your patient prepare financially, especially if the treatment is extensive or complex. And knowing the cost can also help your patients make decisions about the type of treatment you receive – for example, choosing between a crown that's porcelain, ceramic or alloy. A pre-treatment estimate can also help with complicated situations when your patient or your dental office is unsure if a specific procedure is covered.

Q: What is a treatment plan?

A: A treatment plan is a list of proposed services that you recommend to your patient. This usually includes the treatment time frame and estimated out-of-pocket costs for the services after insurance.

DENTAL BENEFITS TERMS

Annual Maximum: The most money a dental plan will pay in a specific period, often a calendar year.

Coinsurance: The fixed percentages that outline the share the cost of dental care.

Deductible: A fixed dollar amount that is paid out-of-pocket before a plan's benefits take effect.

<u>Lifetime Maximum:</u> The most money a plan will pay over the course of a lifetime. A lifetime maximum may apply to an individual or a family and usually applies to specific treatments such as orthodontics.



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