

DeltaCare[®]

Administered by Delta Dental of Washington

Optional Treatment Consent Form

Step 1

Optional Treatment Code _____ Optional Treatment PPO Fee _____
Standard Treatment Code _____ Standard Treatment PPO Fee _____
Standard Treatment Copayment _____

Step 2

Subtract the Standard Treatment PPO Fee from the Optional Treatment PPO Fee.

Example: Optional Treatment PPO Fee _____
Standard Treatment PPO Fee - _____
Total Difference = _____

(Note: If treatment is a crown, the difference between the PPO Fees cannot exceed \$200)

Step 3

Add the Total Difference in PPO Fees to the Standard Treatment Copayment (if applicable).

Example: Total Difference _____
Standard Treatment Copayment + _____
Total Patient Copayment = _____

I have been offered the option of the Standard Benefit from the DeltaCare Plan, and have chosen the Optional Treatment that my dentist recommends. I have been given the opportunity to ask any questions regarding the nature, purpose, and cost of the work being recommended.

I understand that I am obligated to pay any required copayment for the covered benefit, in addition to the optional treatment charges. For units of crowns and bridges, the optional treatment charges cannot exceed \$200 per tooth. This does not apply to situations where bridges are optional to a partial denture.

(Name of Patient)

(Signature of Patient or Parent/Guardian)

(Date)