



DeltaCare Optional Treatment Consent Form Instructions

It is important to understand that as a DeltaCare provider you have agreed to provide all of the covered benefits listed on the Patient Co-payment Schedule.

Section 8 of your DeltaCare Guidelines states, *If your office chooses not to offer the covered restoration, you cannot charge the patient an optional treatment fee for a different type of restoration. For example, if you do not offer amalgam fillings in your office, you cannot charge the patient the optional treatment fee. They can only be charged the co-payment for the amalgam filling. This applies to crowns and bridges as well.

You may recommend that your patient chooses optional treatment, but you must offer them the covered benefit in addition to this option. If patient understands and chooses the optional treatment, please have them sign a consent form acknowledging this. A signed acknowledgement form will help alleviate financial concerns after treatment has been performed. You may use your own consent form or the one that we have provided.

DeltaCare Optional Treatment Consent Form

I, _____ (patient name) have been offered the covered benefit on my DeltaCare Plan, and have chosen instead to have 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.

Covered Benefit _____ Co-payment _____

Optional Treatment _____ Optional Treatment Charge _____

Total Patient Charge _____

Covered Benefit _____ Co-payment _____

Optional Treatment _____ Optional Treatment Charge _____

Total Patient Charge _____

Covered Benefit _____ Co-payment _____

Optional Treatment _____ Optional Treatment Charge _____

Total Patient Charge _____

I understand that I am obligated to pay any required co-payment for the covered benefit, in addition to the optional treatment charges (the difference between my provider's filed fee for the covered benefit and the filed fee for the optional treatment). *For units of crowns and bridges, the optional treatment charges cannot exceed \$200.*

(Patient signature or signature of parent if patient is a minor)

(Date)