

## Optional Treatment Consent Form (Pediatric Dentist)

### Step 1

**Enter the Treatment Codes, Fees, and applicable Copayments.**

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

### Step 2

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

**Example:**

Optional Treatment Fee	_____		
Standard Treatment Fee	-	_____	
Total Optional Difference	=	_____	

### Step 3

**Subtract the Standard Treatment Copayment from the Standard Treatment Fee.**

**Example:**

Standard Treatment Fee	_____		
Standard Treatment Copayment	-	_____	
Total Standard Difference	=	_____	

### Step 4

**DeltaCare will only pay 50% of the Total Standard Difference for all Groups except 4100,4102,4200,4202.**

**Example:**

Total Standard Difference	_____		
50% Coverage (for ages 4 & up)	-	_____	
Total DeltaCare Coverage	=	_____	

### Step 5

**Add the Total Optional Difference in Fees, the 50% coverage (if applicable), and the Standard Treatment Copayment if applicable).**

**Example:**

Total Optional Difference	_____		
Standard Treatment Copayment	+	_____	
50% Coverage (for ages 4 & up)	+	_____	
<b>Total Patient Responsibility</b>	=	_____	

*I have been offered the option of the Standard Benefit from the DeltaCare Plan, and have chosen the Optional Treatment that the 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 co-payment for the covered benefit, in addition to the optional treatment charges.*

\_\_\_\_\_  
(Name of Patient/Child)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)