

Before You Go to the Dentist...

1. Read your certificate booklet **CAREFULLY**. It contains important information about your dental benefits.
2. If you have any questions after reading your certificate, please call Sample Dental Carrier at their **TOLL FREE NUMBER: 123-456-7890**.
3. Make an appointment with the dentist of your choice.
4. Complete the **EMPLOYEE INFORMATION** section of the claim form and give the claim form to your dentist's office on the day of your appointment. Or, your dentist may already have a standard dental claim form to use.
5. If your dentist recommends treatment that is expected to cost more than \$300.00, a dental treatment plan must be submitted to Sample Dental Carrier at the address below, for review before treatment begins. Sample Dental Carrier will send both you and your dentist an estimate of how much will be paid by the insurance company, and how much you will be expected to pay **BEFORE** any treatment begins.
6. You or your dentist must mail the completed claim form to:

**Sample Dental Carrier
123 Smile Drive
Dentalland, IN 41234**

Sample Dental will process most claims within 10 days of receipt.

Doug Johnson at JA Benefits, LLC is the dedicated customer service representative assigned to assist all ABC Company voluntary dental participants with their questions. Doug can answer your questions about billing, coverage changes, and general benefits information when you call 812-279-9500. **Please remember that specific claim/benefit questions should be directed to Sample Dental Carrier at 123-456-7890.**

Please continue to send your premium payment to:

Sample Dental Carrier
123 Smile Drive
Dentalland, IN 41234

NOTE: YOUR PAYMENT MUST BE RECEIVED IN OUR OFFICE NO LATER THAN MARCH 23,2012 OR COVERAGE WILL BE CANCELED.