

USE THIS FORM FOR BOTH EMPLOYEE AND DEPENDENT CLAIMS.

Instructions to the Employee

1. Complete questions 1 through 15 on page 1. Have patient's dentist complete questions 16 through 31.
2. If you want benefits paid directly to the dentist, sign the authorization to pay under the Employee Statement.
3. If charges exceed either \$200.00 or \$300.00 (as specified in your Benefit Plan Booklet), a treatment plan must be submitted prior to continuation of treatment.

Instructions to the Dentist

**FOR CHARGES LESS THAN
AMOUNT SPECIFIED IN YOUR
BENEFIT PLAN BOOKLET.**

1. Show the date the work was completed for each service and the corresponding fee.
2. Return this form to Principal Life Insurance Company (The Principal®) (address printed on your ID card).

**FOR CHARGES EXCEEDING
AMOUNT SPECIFIED IN YOUR
BENEFIT PLAN BOOKLET.**

1. Prior to the continuation of treatment describe procedures necessary to fully complete the treatment plan. State your fees, enclose x-rays (these will be returned to you) and return the form to The Principal (address printed on your ID card).
2. The Principal will pre-determine the amount payable per procedure and return this form to you.
3. After the work is completed, enter the dates that the service was completed and return this form to The Principal (address printed on your ID card).

Notice!!

THE PRE-DETERMINED BENEFITS APPLY ONLY TO EXPENSES INCURRED WHILE EMPLOYEE'S COVERAGE IS IN FORCE.

PRE-DETERMINATION OF DENTAL SERVICES IS INTENDED TO AVOID ANY MISUNDERSTANDINGS BETWEEN THE DENTIST, EMPLOYEE, AND THE PRINCIPAL. PATIENT WAIVES ADVANCED KNOWLEDGE WHEN NOT OBTAINING A PRE-DETERMINATION AND IS LIABLE IF THE PLAN DOESN'T PAY OR PARTIALLY PAYS FOR TREATMENT.

**Please mail completed form to the address printed on your ID card.
For Questions: Please refer to the Toll Free number printed on your ID Card.**

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.