

DeltaCare®

Administered by Delta Dental of Washington

Optional Treatment Consent Form

I, _____ (patient name) have been offered the standard 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.

Step 1

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

Step 2

Subtract the Standard Treatment PPO Fee from the Option 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.

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

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 dentist's filed fee for the standard benefit and the filed fee for the optional treatment). 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.

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

 (Date)