

Plan benefit treatment	Delta Dental Contracted Fee	-	Copayment	=		Savings
Benefit/Procedure _____ Procedure code _____ Tooth # _____						
PATIENT'S TREATMENT OPTIONS	Delta Dental Contracted Fee	-	Savings	=		Accepted charge
Option #1 Procedure code						
Option #2 Procedure code						
<input type="checkbox"/> I am choosing my DeltaCare USA benefit of _____ and declining the optional treatment.						
<input type="checkbox"/> I am choosing to apply the cost of my DeltaCare USA covered benefit to the elected optional treatment; _____ Option#						
_____ Presented by _____ Date _____						
Plan benefit treatment	Delta Dental Contracted Fee	-	Copayment	=		Savings
Benefit/Procedure _____ Procedure code _____ Tooth # _____						
PATIENT'S TREATMENT OPTIONS	Delta Dental Contracted Fee	-	Copayment	=		Savings
Option #1 Procedure code						
Option #2 Procedure code						
<input type="checkbox"/> I am choosing my DeltaCare USA benefit of _____ and declining the optional treatment.						
<input type="checkbox"/> I am choosing to apply the cost of my DeltaCare USA covered benefit to the elected optional treatment; _____ Option#						
_____ Presented by _____ Date _____						
** MATERIAL UPGRADE ** (Applicable to benefit procedures only)	Copayment	+	Cost of Mat'l Upgrade	=		Accepted Charge
Benefit/Procedure _____ Procedure code _____ Tooth # _____						
Option #1 Procedure code						
Option #2 Procedure code						
<input type="checkbox"/> I am choosing my DeltaCare USA benefit of _____ and declining the material upgrade.						
<input type="checkbox"/> I am choosing the material upgrade; Option # _____ ** Precious and Semi-Precious Metals, if used, will be charged to the enrollee at the additional cost of the metal; unless otherwise stated in the copay schedule. The additional cost is based on an average lab fee charged to the provider. ** Additional material upgrades may include but not limited to: Porcelain teeth on dentures, porcelain margins on anterior and bicuspid crowns, porcelain on molar crowns.						
_____ Presented by _____ Date _____						