



# Delta Dental Of West Virginia or Delta Dental Insurance Company Patient Assignment Of Benefits To An Out-Of-Network Provider

**For Enrollee:** Any eligible Delta Dental enrollee in West Virginia who: (1) wants to receive covered services from a provider who is not a part of Delta Dental's networks (non-participating); and, (2) chooses direct assignment of benefits for those covered services (as further explained below), must formally sign an assignment of benefits.

**For Provider:** A non-participating provider must submit this signed patient assignment of benefit form with each claim for covered services. If submitting such a claim via electronic claims submission (ECS), include a scanned version of this form using the attachment and/or notes function within your dental office software.

This form is also available on Delta Dental's website at <https://www1.deltadentalins.com/about/legal/enrollee.html>

I request the assignment of my benefits for the covered services listed in the attached claim form to Dr. \_\_\_\_\_, who does not participate in Delta Dental's networks. I understand that by choosing to receive treatment from a non-Delta Dental provider I will no longer receive the following protections that are afforded me under the terms of my dental insurance policy if I receive the same services from a Delta Dental provider:

- 1. No Balance Billing.** Participating Delta Dental providers agree to accept fees that range from 15% to 30% below the usual fees of providers in the same ZIP code for the same services and not to bill for any amount above that fee. I understand this will lower my out-of-pocket cost when I see a Delta Dental provider because I will not be required to pay the difference between what Delta Dental pays and a higher fee of a non-participating provider.
- 2. Fully Credentialed Providers.** Delta Dental regularly reviews and verifies the licensure, education, and practice history of participating network providers. This assures that treatment I receive will be by a provider with no licensing or practice issues. This is not available to me when I choose to receive treatment from a non-participating provider.
- 3. Quality Management Services.** Delta Dental's Quality Management program evaluates the quality and appropriateness of care provided by Delta Dental providers and works to correct any identified provider performance issues. This provides me with a layer of consumer protection against providers who do not meet common standards of care.
- 4. In-Network Grievance Program.** Delta Dental's grievance program affords me the opportunity to have any complaint about the treatment I receive investigated and resolved, including recovery of any overcharge and/or re-treatment (at no additional cost) for unacceptable services. I will not have this protection because Delta Dental does not have a contract with the named provider.

**5. Protection Against Fraud and Abuse.** Delta Dental’s ability to investigate and address possible fraud and abuse is greater with a participating provider because the provider contract gives Delta Dental both easy access to patient records and the ability to require corrective action.

I have read and understand all the protections explained above. I acknowledge that those protections are not available to me when I receive covered services from a non-participating provider. I request that Delta Dental assign my benefits for covered services to the above provider, who is not a Delta Dental provider.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_