Appendix E

Non-Covered Service Disclosure Form

The Member may purchase additional services as a non-covered procedure/s or treatment/s for an additional charge. DentaQuest requires that you (the provider) and the member complete the **Non-Covered Services Disclosure Form** prior to rendering these services. A copy of this form must be kept in the Member's treatment record. If the Member elects to receive the non-covered procedure/s or treatment/s the member would pay a fee not to exceed the maximum rate of your usual and customary fees as payment in full for the agreed procedure/s or treatment/s.

The Member is financially responsible for such services. If the Member will be subject to collection action upon failure to make the required payment, the terms of the action must be kept in the Member's treatment record. Failure to comply with this procedure will subject the provider to sanctions up to and including termination.

This section to be completed by dentist rendering care

I am recommending that_____receive
(Member Name and Medicaid Number)
services that are **not** covered by the DentaQuest Covered Benefits and Fee Schedule. The following procedure codes are recommended: FEES NOT TO EXCEED PROVIDER'S UCF (usual and customary fee).

Code	Description	Fee

The total amount for service(s) to be rendered is $_____.

_____
Dentist's Signature Date

This section to be completed by member

I_____, have been told that I require
(Print Name)

services or have requested services that are not covered by the DentaQuest Covered Benefits and Fee Schedule.

Read the following statements and check either Yes or No:

Question	Yes	No
My dentist has assured me that there are no other covered benefits.		
I am willing to receive services not covered by DentaQuest.		
I am aware that I am financially responsible for paying for these services.		
I am aware that DentaQuest is not paying for these services.		

I agree to pay $_____per month. **If I fail to make this payment I may be subject to collection action by the dentist.**

_____
Parent or Guardian Signature