

California Dental Network

A DentaQuest company

Use this form as a guide to better understand your benefits and associated fees and to prevent surprises.

Treatment Plan

Example Treatment Plan for A-100

Date	Tooth	Code	Description	UCR*	Patient Copay
08/02/2017		D0120	Office Visit	\$50.00	\$0.00
08/02/2017		D0220	X-Ray	\$23.00	\$0.00
08/11/2017		D4341	Periodontal scaling	\$300.00	\$100.00
08/11/2017		D4921	Gingival Irrigation-per quadrant	\$150.00	\$80.00
08/18/2017	#14	D2952	Post/core in add to crown, fabr.	\$764.00	\$50.00
08/25/2017	#15	N/C	Bone graft	\$850.00	\$850.00

1. Bring Summary of Benefits to Dental Office: <https://www.caldental.net/forms/>
2. Match Code on Treatment Plan to Summary of Benefits (Known as ADA Code)
3. Match Patient copay with copay on summary of benefits
4. If discrepancies on copay, discuss with your dental office.
5. If you still have questions, contact our customer service at 877-433-6825 Option 3 and they will be glad to go over your treatment plan and answer any concerns.
6. If in doubt, do not sign the treatment plan and call our customer service. (signing the treatment plan is signing a contract with the dentist)
7. Be aware all insurance plans have limitations/exclusions as does Cal Dental (Last page of summary of benefits)

*UCR: Dentist's Usual and Customary fee, meaning the dentist's usual cash fee with no discount.

Thank you for choosing California Dental Network