

# Full Gold Crown Authorization

## Reimbursement

Superior Dental Care’s (SDC’s) reimbursement for full gold crowns is at a comparable level as crowns that are porcelain fused to metal or are completely porcelain/ceramic. This is done to assure that SDC remains competitive in the dental benefits marketplace. Some patients prefer full gold crowns and since in the current economy gold prices have continued to rise significantly, it has been determined that balance billing may be arranged for any member who so agrees and prefers the full gold material. This decision helps meet the demand of employer groups to contain premium costs; but, at the same time, it allows SDC to avoid interfering with treatment preferences.

## How to Collect

**Please use the form below to obtain the patient’s signature and to review instructions on use.** Our Dentist and Member Services Team can be reached at **(937) 438-0283** or **(800) 762-3159** Monday–Friday, 7:30am–5:00pm. Any team member will be glad to provide additional forms and/or provide an additional explanation.

### Authorization to Accept Financial Responsibility for Full Gold Crowns

I, the undersigned, understand that Superior Dental Care reimburses all gold crowns at a comparable level as crowns that are porcelain fused to metal or are completely porcelain/ceramic. SDC understands, however, that often times the preference of the patient and/or the treating dentist is to utilize full gold. Under these circumstances, I, the undersigned, accept the additional financial responsibility for placement of my gold crown(s). My actual cost will be determined by deducting SDC’s payment amount from the total charge.

\_\_\_\_\_  
Printed Name of Member/Patient

\_\_\_\_\_  
Printed Name of Treating Dentist

\_\_\_\_\_  
Member/Patient Signature (Parent Signature if Minor)

\_\_\_\_\_  
Date of Signature

## Instructions For Utilizing This Authorization

- An authorization is required prior to placement of full gold crowns for SDC members and for which the patient has accepted additional financial responsibility. It is not necessary to complete a form for subsequent appointments if the member remains in agreement. *(Note: For children under the age of 18, the agreement must be made with the responsible parent/guardian.)*
- It is the responsibility of the participating dentist/office to maintain a written authorization in the patient’s record. A copy of the authorization will only be requested by SDC if the member contests the processing of the claim; or, if the agreement isn’t indicated on the initial submission for the service.
- When submitting the claim for processing, a notation referencing the authorization is required. It may be as simple as “Patient Agrees” or may be more detailed. Should the notation be omitted from the initial submission, a correction request must be received by SDC within 2 months (60 days) of the date of processing and must include a copy of the signed agreement.
- Without the notation and signed authorization, the member cannot be balance-billed for the service.