MetLife

Metropolitan Life Insurance Company
MetLife Health Plans, Inc.
SafeGuard Health Plans, Inc.

Dental HMO Continuing Orthodontic Treatment Request Form

If you or one of your enrolled dependents is currently in active orthodontic treatment and started orthodontic treatment before your coverage for yourself or that dependent started under this group contract, Continuing Orthodontic treatment may be available under this group contract for You or Your Dependent under any of the following circumstances:

1. Currently covered by your company/organization's prior plan, which must have coverage for orthodontia, and
2. Currently under active orthodontic treatment.
3. You were covered under the terms of a DHMO plan provided by [SafeGuard/MetLife] and, due to an acquisition, are now covered under the terms of this group contract;
4. You were covered under the terms of a DHMO plan provided by a carrier other than [SafeGuard/MetLife] and are now covered under the terms of this group contract because the Contractholder subsequently contracts with [SafeGuard/MetLife];
5. You become eligible for DHMO benefits under the terms of this group contract because of Your status as a new employee; or
6. You were covered under the terms of a dental plan and received orthodontic services which were not covered because that dental plan did not offer orthodontic coverage;

This service is only available to you and your covered dependents if:
1) This request form is received by SafeGuard within thirty (30) days of the plan's effective date,
2) This request form is received within thirty (30) days from the date you become eligible for benefits under the terms of this group contract,
3) Currently under active orthodontic treatment.

Please complete and submit this form for coverage determination with your current orthodontist (participating or non-participating with SafeGuard).

Please ensure both sections of this form are complete – **Subscriber Information** and **Orthodontist Information** – and required documentation – **Evidence of Payment and Provider Claim Form** – is provided. **Evidence of Payment** documentation, available from your orthodontist, is required to show the original amount of the contract fee for your orthodontic treatment and what has been paid to date. Additionally, the orthodontist must include a claim form showing the amount of payments that has been received from the prior dental plan carrier as well as the outstanding balance owed. **You will also need to provide a copy of the prior carrier's evidence of payments.**

The completed form and all necessary documentation must be received by SafeGuard within thirty (30) days of the Plan's effective date or within thirty (30) days of your enrollment for benefits under the terms of this group contract to allow orthodontic coverage to be considered for coverage by SafeGuard and avoid delays in payment. Incomplete requests will be returned to the Subscriber's address provided below, for required information.

Subscriber Information (to be completed by the subscriber)

Subscriber's Name	Subscriber's Social Security Number
Subscriber's Street Address (Apt. # if applicable)	
Subscriber's City, State, Zip	Subscriber Telephone Number ( )
Company/Organization Name	Previous Dental Carrier
Subscriber Signature	Patient's Name (see policies for eligibility above)

Orthodontist Information (to be completed by patient's current orthodontist)

Orthodontist Name	Telephone Number ( )	Taxpayer Identification Number
Street Address	City, State, Zip	
Patient's Initial Banding Date (beginning of active treatment)	Initial Treatment Term & Remaining Months of Treatment	Prior Carrier Agreed-Upon Full Case Amount $
Total Ortho Case $	Amount paid to date – by patient $	Amount paid to date – by prior carrier $

ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS THIS REQUEST

Upon receipt of the completed form, with all supporting documentation, SafeGuard will accept liability for continuing payment of the remaining balance owed (up to a maximum of $1,500) times the percentage of the total orthodontic treatment as of this group Plan's Effective Date, or the subscriber's effective date subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS in the Plan's Schedule of Benefits.

PLEASE RETURN FORM TO:
SafeGuard Claims Department
P.O. Box 981987 El
Paso, TX 79998

Managed Dental Care plans are available in California, Florida and Texas provided by a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. Managed Dental Care plans are available in Illinois through SafeGuard Health Plans, Inc., a Texas corporation. Managed Dental Care plans in New Jersey are provided by MetLife Health Plans, Inc. and Metropolitan Life Insurance Company. Managed Dental Care plans in New York are provided by Metropolitan Life Insurance Company. "Managed Dental Care" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organization" in Texas, "Limited Health Service Organizations" in Illinois, "Dental Plan Organizations" in New Jersey, and "Dental Managed Care Plan" in New York.