

INSTRUCTIONS FOR COMPLETING THE PATIENT ENCOUNTER FORM

Please complete all necessary information. All procedures are listed by ADA code and blank lines are available so you may write in any procedures not included on the form. **Use only ADA codes. Forms that are missing information will be returned to the dental office.**

1. Refer to your eligibility list while completing the top section of the form.
2. Check each procedure performed and add tooth# and surface when appropriate.
3. Use one line per procedure code.
4. Submit only **one** procedure code for procedures which require more than one appointment to complete, example: endodontics, dentures, crown and bridge. For continued care appointments, use the 999 code in the appropriate category for try-in and delivery of prosthetics and endodontic completion appointments.
5. Services over the patient's annual maximum or non-covered services should be reported in the lower right box. List the ADA code, service description and the fee for service collected.
6. Submit PEFs to DNoA by the 20th of the month. All treatment data received by the 20th of the month will be reported in that month's utilization. Treatment data received after the 20th will be keyed in the following month's utilization.

LABORATORY AND PROSTHETIC FUND REIMBURSEMENT

Some subscribers are members of groups which offer dental laboratory reimbursement. Follow the instructions below for submitting laboratory bills:

1. Once the procedure is completed, attach the original laboratory statement(s) to the Patient Encounter Form.
2. Include the patient's name and member I.D. number, procedure code and tooth#(s) on the laboratory statement.
3. Non-covered laboratory charges are the patient's financial responsibility, for example: precision attachments or characterizations.
4. Lab bills received after 365 days of the date of service will not be processed

Mail all completed forms directly to:

**Dental Network of America
P.O. Box 23089
Belleville, IL 62223-0089**