

FEED THIS END

Triangle Orthopaedic Associates

Dental Benefit Program

Plan Year: January 1 through December 31

Benefit Schedule:

\$50 Deductible
 Preventative: 100% of UCR
 Basic/Corrective: 80% of UCR
 Major/Restorative: 50% of UCR
 Maximum annual benefit of \$1,000 per person
 Orthodontia: 50% of UCR
 Orthodontia lifetime benefit of \$1,500 per person

Assignment of Benefits Included

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This program is a self-insured dental benefit plan which allows the patient to choose his/her own provider.

Inquiries may be made to 1-888-295-4864.

To the patient: You may be asked to present this card when you receive care. You must comply with all terms and conditions of the Plan. Willful misuse of this card is considered fraud.

To the provider: This card is provided for identification purposes only, and does not guarantee coverage. Benefits given over the phone are estimated; actual payment will be determined at the time the claim is filed.

Send all claims to: **Wells Fargo Third Party Administrators**
 EDI/ENVOY #: 37272 P.O. Box 71489, Newnan, GA 30271

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