

Dental Class 1 Services Reimbursement Form

NES covers Class 1 preventative dental services at 100% of the provider's reasonable charge. This includes exams, cleanings, x-rays (bitewing and full mouth), and fluoride treatments. If you use a dentist outside the Delta Dental PPO network and have an outstanding balance for a Class 1 service, you may be eligible for reimbursement.

Along with this form, please include a copy of:

1. Explanation of Benefits (EOB) for the Class 1 services
2. Your proof of payment.

Policy Holder: _____

Patient Name: _____

Patient Date of Birth: _____

Status: Employee

Retiree

Signature: _____

Date: _____

Payment must be made in advance in order to qualify for reimbursement. Once your reimbursement request is approved, you will see your reimbursement on your paycheck as **Dental Reimbursement NonTaxable**. Balance forward or any unpaid and credited amounts from a previous billing cycle will not be considered for reimbursement. Payments made with FSA monies may be reimbursed back to the FSA card.

To search for dental providers in the Delta Dental PPO network, visit www.deltadental.com.

Please contact Compensation & Benefits at compbenefits@nespower.com or 615-747-3942 for assistance.