Benefit Options

Envolve Dental Benefit Limit Exception (BLE) Summary Request Form

All fields must be complete and legible. Submit this form with a written narrative of medical necessity, a completed 2012 ADA dental claim form and documentation described below.

PLEASE PRINT

Member Name ______________________ Member DOB ______________

Member ID # ______________________ Provider NPI # ______________

Provider Name ______________________ Provider Phone # ______________

Provider Email ______________________ Provider Fax # ______________

Services provided beyond a member's benefit limit are not covered unless a Benefit Limit Exception (BLE) is requested and approved by Envolve Dental, Inc. prior to services being rendered. Exceptions will be considered if treatment is performed as an emergency and claims are submitted within 2 days of treatment date with accompanying BLE form and necessary documentation. If a Benefit Limit Exception is approved, Envolve Dental will approve the more cost-effective professionally acceptable alternative service(s).

Benefit Exception Request Type: Prospective Retrospective Date(s) of Service: ______________

Benefit Limit Criteria to be reviewed:

- Member has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the member.
  __Yes __No ***If yes, please explain and provide supporting documentation from the medical record.***

- Member has a serious chronic systemic illness or other serious health condition and denial of the exception will result in the serious deterioration of the health of the member.
  __Yes __No ***If yes, please explain and provide supporting documentation from the medical record.***

- The exception is necessary in order to comply with federal law.
  __Yes No ***If yes, please explain and provide supporting documentation from the medical record and specific code.***

Request must include documentation from the treating dentist, substantiating the need for the service. Documentation may include but is not limited to: treatment chart, treatment plan, teeth and periodontal charting, radiographs, photographs, medical history, and dental history. A narrative of medical necessity and completed 2012 ADA claim form is always required. The narrative should contain reasoning why treatment exceeding the benefit maximum is unable to be delayed until the new benefit year. Photographs should be taken when radiographs are not possible or not diagnostic for the issue.

BLE requests will receive a response, or a request for additional information, within 30 business days of receipt of the request. When the required additional information is received, the exception request will be approved or denied within 30 business days after receipt of the information.

I attest that the information provided and statements made herein are true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Provider Signature: ______________________________ **Date:** ______________________

Questions: Call Provider Services at 844-524-8255.

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