




Be Wise and Pre-Authorize!!!!

When you take your automobile in for service, the mechanic/shop is required to provide a written estimate. An estimate details needed repairs and their respective costs. As a result, you understand the scope and cost of the repairs before services are rendered and you are billed. Isn't that an essential piece of information needed to conduct potentially costly business?

PRIOR AUTHORIZATION is the dental version of an automobile estimate. Members receiving treatment in excess of \$300.00 should ask their provider to submit a pre-authorization to Premier Access. This will prevent any surprises that may result from expensive treatment and empower the member to find a comparable alternative if necessary.

Simply ask your provider to provide you with a prior authorization. Receiving a Prior Authorization is your responsibility!



August 15, 2011

Premier Access Insurance Co.
P.O. Box 555010
Sacramento, CA 95865-9010

Notice of Authorization

Sunny Smiles Dental Office, Inc.
1234 Main Street, Suite 100
Anytown, ZZ 99999

* Authorization Period valid from 08/08/2011 to 11/07/2011
 * A new request must be submitted after expiration
 * Provider MUST check eligibility prior to rendering services.
 * This is NOT a Bill.
 * Crowns, Bridges, Partial and Full dentures are paid on the date of delivery.

NOA ID : 1234567-00	Subscriber : Parker, Peter
Patient : Parker, Peter	Group : 1111 - ACMIE Construction
Member : 111111111-00	Provider ID : 99999
Member CIN :	Provider : Singleton, Jeffery

Ln	Proc Code	OC	TH	Surface	Submitted	Covered	Deductible	Copy	Plan Payment	Patient Payment	Reason
1	2751 Crown - porcelain fuse		29		\$1,085.00	\$500.00	\$50.00	50%	\$225.00	\$810.00	NC
TOTAL					\$1,085.00	\$500.00	\$50.00		\$225.00	\$810.00	

Reason Code Description	Primary Paid	Insured
NC The submitted charge exceeds the maximum covered fee.	: \$0.00	: \$850.00
	Benefits Paid	
	: \$225.00	

The dentist is not required to discount excluded charges for services that are not covered.
 To expedite processing, Claims and Pre-authorization can be submitted electronically through Endixon and Tesu under Payor ID# IC0076.
 Electronic attachments can be submitted through National Electronic Attachment (NEA) at www.nea-lab.com.
 Claims submitted more than 6 months after services are rendered will be denied for untimely claim submission.
 If you are a provider and would like to dispute the amount allowed on this Notice of Authorization, you can call 1-888-716-0760 or visit www.premieraccess.com/PreAuthForm.htm for details on the Provider Dispute Resolution Mechanism.
 If the member or provider has any questions about this Notice of Authorization or would like a review of the decision, please contact Premier Access by either calling 1-888-716-0760 or by writing to Premier Access - Coverage Department, P.O. Box 650010, Sacramento, CA 95865-9010. If the member is not satisfied with Premier's decision and before your Notice of Authorization has been wrongly denied or rejected, the member may have the matter reviewed by California Department of Insurance by either calling the Department at 1-800-527-HELP or writing to the Department following address: California Department of Insurance, 300 South Spring Street, South Tower, Los Angeles, CA 90013.

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

_____ Date _____

Page 1 of 1