

AccidentToothFairy.com

Put this under your child's pillow,

for only \$7 a year!



Student Dental Accident Coverage

provided by
Delta Dental of North Carolina 800-662-8856
www.accidenttoothfairy.com

Special protection for magical smiles!

How it Works:

Coverage is in effect 24 hours a day, 7 days a week for students 18 years of age and under who are enrolled in North Carolina public or non-public schools grades K-12. Dental injuries from all activities are covered including athletics, both on and off school grounds. Cost is \$7.00 for 12 month period.

In the event of a dental injury*, seek dental care from your dentist and have the dentist report the injury to Delta Dental Plan of North Carolina at 800-662-8856 or 919-832-6015 or fax 919-832-6061.

***Definition of a dental injury:** Dental injury, for the purpose of this contract, shall be interpreted to mean an injury to a tooth or teeth of a student caused by a physical trauma resulting from an external force NOT related to the normal function of the tooth or teeth. Injury or fracture of a tooth or teeth caused by decay, infection, or the breakdown of a dental restoration is expressly excluded from coverage under this contract.

How to Apply:

1. Complete and sign application form below
2. Make check in the amount of \$7.00 per student (grades K-12) payable to: Delta Dental of North Carolina
3. Mail application form and payment to:
Delta Dental of North Carolina
343 Six Forks Road, Suite 180
Raleigh, NC 27609

Your Policy:

BENEFITS – Treatment as a result of a dental injury includes and is limited to emergency examinations, diagnosis, and dental x-rays performed by a dentist; endodontia; restoration of a broken tooth; and oral surgery. There is no deductible amount. When covered procedures other than prosthetic procedures are provided, there is no maximum limitation. For prosthesis treatments, there is a \$400 maximum payment per injury for dental prosthesis, which includes partial dentures, bridges, crowns and dentures.

Exclusions: Benefits do not include unnecessary treatments; benefits not provided by a dentist; treatments not resulting from an accidental injury as defined; medical treatment; and orthodontics.

PAYMENT OF CLAIMS – Dentists participating with Delta Dental will be paid directly on the basis of the maximum plan allowance of Delta Dental. Payment for treatment provided by a non-participating dentist will be based on the maximum plan allowance of Delta Dental and will be made directly to the patient and there could be a difference in the amount paid if the submitted charge exceeds the maximum allowance for that procedure.

HOW TO RECEIVE TREATMENT – In the event of an injury, see your family dentist or the dentist of your choice. For the fastest claim processing time, we ask that you REPORT the INJURY to DELTA DENTAL OF NORTH CAROLINA WITHIN 30 DAYS OF THE INJURY. The cost of projected dental care necessary due to an accident will be agreed upon by the attending dentist and Delta Dental of North Carolina.

PERIOD COVERED – This coverage is in effect 24 hours a day, 7 days a week, for 12 consecutive months, beginning the first of the month following receipt of application.

RENEWAL AND TERMINATION – Unless renewed, coverage will terminate at the end of the 12 month period starting with the effective date of your coverage. Renewal notices for the next benefit year will be automatically sent to you with at least 30 days advance notice.

SDA Application Form

Date of Application (MM/DD/YYYY) _____ / _____ / _____

Child's Name _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Address _____

City _____ Zip _____

Telephone _____

Signature of Parent or Guardian _____

 DELTA DENTAL®

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Special protection for magical smiles!

Payment: Enclose a check for \$7 made payable to "Delta Dental of North Carolina"

Mail to:

Delta Dental of North Carolina
343 Six Forks Road, Suite 180
Raleigh, NC 27609

Sign and Return this form with your \$7 payment