

C O N F I D E N T I A L

Dental implant Claim Denial Appeal Form

Employees covered by the Provincial Collective Agreement who have had dental implant claims denied may submit them for review and possible reimbursement.

Please fill out this form, attach any applicable documentation, and provide the complete form and supporting documentation to your UNA representative within 30 days of the denial of the denial of your dental implant claim or preauthorization request.*

* If all supporting documentation is not available within 30 days of the claim or preauthorization denial, please advise your union representative that you will be filing an appeal and are in the process of gathering necessary supporting information.

PART A: To be completed by the Employee:

Name: _____

Address: _____

City: _____ Postal code: _____

Telephone: _____ Email: _____

Employer: _____ Worksite: _____ Local #: _____

Please supply all the following information:

Date the claim or preauthorization was denied: _____

Copy of claim or preauthorization denial attached

Does the claim meet the following conditions for coverage?

1. Was the dental implant provided for cosmetic purposes (i.e. replacing a healthy tooth with an implant to improve appearance)? Yes No
2. Was the provision of the dental implant reasonable and a generally acceptable treatment in the standards of dental practice for the condition for which it is claimed or recommended? Yes No

Please provide any additional information that you feel may be helpful in reviewing your appeal for the provision of dental implant coverage: _____

You may be contacted if further information is required. Please provide your contact information:

Preferred telephone number: _____

Email address: _____

I declare that I have examined all the information on this form, and on any accompanying statements or receipts, and it is true and correct to the best of my knowledge.

Employee's Signature

Date