



# CDCS Health Claims INC.

P.O. Box 156, Stn. B, Sudbury ON P3E 4N5

1-800-265-2327 1-705-675-2222

Cardholder Certificates

**CDCS Health Claims Inc.**

Group: 242 Certificate: 426898466  
Div: 000 Unit: 000 Class: B Language: E  
Family

DAVID CARNES  
C/O CDCS

### Submitting Claims

Complete all relevant sections of claim form including Employee & Patient information, Group & Certificate #, patient's date of birth, spouse's insurance information (if applicable). Sign form & indicate if CDCS payment should be sent to the Dentist.

Call our 800 number for assistance.

Mail Claims to: CDCS at the above address.

### The following is a summary of your group benefits with CDCS - Please retain for your records.

**DIAGS:\*\*EXAMS:** No more than 2 Complete exams/year & NO MORE THAN 4 EXAMS of any kind/year  
Complete Exams (one per dentist); Recall Exams (2/year); Specific & Emergency Exams

**\*\*X-RAYS:** Full mouth(16 films including bitewings/36 consecutive months) except children under 12  
Panorex (once/36 consecutive months);Periapical (no more than 16 films/36 consecutive months)  
Bitewings and Occlusal (no more than 4 films/12 consecutive months)

**\*\*TESTS:** Biopsy (4311,4312,4313,4321,4322,4323);Pulp Vitality (4501,4509) not in conj.w.RCT in 30 days

**PREVENT:CLEANINGS:** No more than 2/cal.year; OHI - once per lifetime (13211 only)

**RECALL PKGS:** No more than 2/cal.year NOTE:11301,11302,11303 & fluoride (under age 19 only)

**MINOR RESTORATIVE:** Fillings-Amalgam/Tooth Coloured - Only if more than 24 months since the last restoration  
Veneer application (23121,23122) - Only if more than 24 months since the last restoration  
Stainless Steel, Plastic crowns (dependant children under 15 years of age (once per tooth in 36 months -  
22201,22202,22211,22212,22301,22302,22311,22312,22401,22411,22501,22511

**MINOR SURGICAL:** (max. paid for extraction of upper third molars will not exceed fee for proc.72211)(PQ72220)  
Major surgical: Alveoplasty, gingivoplasty, stomatoplasty, vestibuloplasty, surgical excision/incision, Fractures  
Frenectomy, Miscellaneous (refer to plan)

**ANAESTHESIA:** 92212-92219,92252-92259, 92311-92319,92331-92339,92352-92359 in conjunction. with eligible. dental procedures.

**ENDODONTICS:** 32221, 32222, 32231, 32232 (not in conjunction .with RCT if within 30 days)  
RCT (not incl. Re treatments); - see booklet for others

**PERIODONTICS:** Scaling and/or Root Planing: 8 units in any calendar year.  
Post-treatment evaluation - NOT COVERED  
Amount payable for any Quadrant, Sextant or Segment.....if 5, 6, 7, 8 teeth - 100% of the fee;  
if 3 or 4 teeth - 66 2/3% of the fee; if 1 or 2 teeth - 33 1/3 % of the fee  
See booklet for others.....

**UNDER 19 YEARS OF AGE ONLY:**  
RECALL PKGS 11301,11302,11303: No more than 2/cal.year; FLUORIDE(12101): No more than 2/cal.year ;

SEALANTS (no more than one posterior tooth/36 consecutive months)

**UNDER 15 YEARS OF AGE ONLY:** SPACE MAINTAINERS

Remove your Benefits cards; Fold bottom of page back; Fold top of page back onto the bottom and stick together or cut off on dotted line.

**CDCS** CDCS Health Claims INC. **CDCS**  
**COVER CARD**<sup>®</sup>  
**CDCS Health Claims Inc.**

DAVID CARNES

| Benefits | Group: | Certificate: | Status | Effective   |
|----------|--------|--------------|--------|-------------|
| Dental   | 242    | 426898466    | Family | 03/May/1999 |

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Si vous desirez votre carte en français, veuillez composer Le 1-800-265-2327

These cards remain the property of CDCS Health Claims INC. and must be returned to your employer upon request or termination of benefits.

CDCS Card Number: 1