



Send Correspondence to:  
Rayant - Dental Programs  
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## Rayant - Dental Programs

### To All Employees:

As you are aware, your Dental program will now be administered by Rayant - Dental Programs.

In order to receive all eligible benefits and credits, we need your help. If you and/or any covered family members has met all or part of the deductible under your prior dental program, we would like to know so that we may apply it to your new plan.

To be credited with this “carry-over” deductible, kindly follow these few basic steps:

1. Fully complete the attached Dental Deductible Carry-over Credit Report. If additional forms are required for your dependents, you may obtain another form from your Employee Benefits Office.
2. Include the most current Explanation of Benefits from your previous carrier which shows the amount of the deductible taken for each dependent.

With this information on record, duplicate deductibles will not be a problem with future claims.

It is important to return all completed reports, prior to your first claim submission, to your Employee Benefits Department within two weeks from receipt of this letter.

Thank you for your cooperation in this matter.

# Rayant - Dental Programs Dental Deductible Carry-Over Credit Report

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

ID # \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Last) (First)

Subscriber Name: \_\_\_\_\_  
(Last) (First)

Subscriber's Address: \_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)

Patient's Relationship: \_\_\_\_\_ Sex \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Amount of Deductible Met: \_\_\_\_\_

Please attach explanation of benefits showing deductible amount.