DeltaCare® USA

Specialty Care Referral Form

Customer Service

800-422-4234

Patient: Please give this form to the specialist at the time of the appointment.

REFERRAL INFORMATION

Referral type: (Check one) **Referral number:**_____ **Date:**_____

☐ **Endodontist** ☐ **Oral Surgeon** ☐ **Periodontist** ☐ **Pediatric Dentist** ☐ **Orthodontist**

Payments are subject to enrollee's plan benefits and eligibility verificiation.

PATIENT INFORMATION

Primary Enrollee: ☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Dependent

Last Name:_____ **First Name:** _____ **Middle Initial** _____ **Date of Birth:**_____

PRIMARY ENROLLEE INFORMATION

Primary Enrollee Last Name: _____ **First Name:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Group/Plan #:** _____ **ID#:** _____

Daytime Phone #: _____ **Work Phone #:** _____

Does Patient have another Dental coverage? ☐ Yes ☐ No Other Dental Carrier Name: _____

Policy Holder Name: _____ Policy Holder ID: _____

REFERRING FACILITY INFORMATION

Contracted Specialist Not Available: ☐ Yes ☐ No **X-Rays Sent with Referral?** ☐ Yes ☐ No

Referring Facility Name: _____ **Fac. #:** _____ **Fac. Phone #:** _____

Specialist Name: _____ **Specialist #:** _____ **Specialist Phone #:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ Reason for referral: _____

Comments: _____

Procedure #	Description	Tooth #	Patient Copayment

This specialty care referral is only for those procedures listed above. The general dentist has determined these procedures to be beyond his/her scope. All claims will be subject to DeltaCare USA's Dental Consultant review. Please refer to section five of the Dentist Handbook for referral guidelines and general dentist responsibility. Any additional procedure(s) deemed necessary by the specialist must be pre-authorized in writing or have general dentist approval.

_____

Signature of Patient Date Signature of Referring Dentist Date

This form must be attached to the claim form when submitting for payment.

SEND CLAIM TO: **Administrator — DeltaCare USA**
Claims Department
P.O. Box 1810, Alpharetta, GA 30023

For a list of DeltaCare USA underwriting companies and plan administrators, please consult your dentist handbook or visit www.deltadentalins.com