

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) Endodontist Oral Surgeon Periodontist Pediatric Dentist Orthodontist

Referral number: _____ Date: _____

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

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