

Uniform Dental Consultation Referral Form

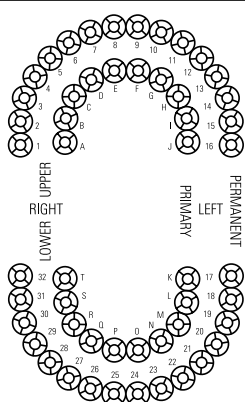
Date of Referral

PATIENT INFORMATION	
Name (Last, First, MI)	
Date of Birth (MM/DD/YY)	Telephone #
Member #	Site #

PRIMARY OR REQUESTING DENTIST		
Name (Last, First, MI)		Specialty
Institution/Group Name	Provider ID #1	Provider ID #2
Address (Street, City, State, ZIP)		
Telephone #	Fax #	

SPECIALIST DENTIST		
Name (Last, First, MI)		Specialty
Institution/Group Name	Provider ID #1	Provider ID #2
Address (Street, City, State, ZIP)		
Telephone #	Fax #	

REFERRAL INFORMATION
Reason for Referral
Brief History, Diagnosis and Test Results

REFERRAL INFORMATION (CONTINUED)	
Services Desired (provide care as indicated) Initial Consultation Only Consultation with Specific Procedures (specify) Other (explain)	Teeth Diagram (Identify missing teeth with X) 
Place of Service Office Other (explain)	
Authorization # (if required)	Referral is Valid Until (date—see carrier instructions)
Signature (individual completing this form)	Authorizing Signature (if required)

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date the service is rendered and to any other contractual provision of BlueChoice or The Dental Network, Inc.

For additional information, visit carefirst.com/providers.

Specialty Referral Criteria

In order to be considered for specialty care coverage, the following criteria must be met:

- The member must be eligible in the participating general dentist office when services are rendered
- The referral must be made by the primary general dentist to the appropriate participating specialist after examining the patient
- A participating network specialist must provide the treatment

Primary General Dentist Responsibilities

- When the clinical examination reveals that a dental health maintenance organization (DHMO) member has treatment needs that require a specialist, select a specialist from the **Find A Doctor** specialist list located on carefirst.com. If a participating specialist is not available in the area, the primary general dentist must contact the DHMO provider service department to obtain authorization to refer to a non-participating specialist. An authorization will only be provided if the member does not have access to an appropriate participating specialist within a 45 minute drive time
- Verify the procedure is a covered benefit according to the member's plan. Non-covered procedures may be referred to a specialist; however, the member will be responsible for all fees incurred
- A written referral with a preliminary clinical diagnosis and appropriate radiographs should be sent to the specialist. One copy of the referral form is retained by the referring dentist and two copies should be forwarded to the specialist
- The primary care dentist is responsible for instructing and preparing the member for the appointment with the specialist, including providing the referral and radiographs to the specialist

Specialist Responsibilities

- Provide treatment for the member as indicated on the referral form
- Collect applicable copayment and submit claim(s) to Mail Administrator, P.O. Box 14118, Lexington, KY 40512
- If the specialist has questions concerning the benefit coverage for a non-routine case or treatment, please contact the dental provider service department telephone number listed on the back of the member's identification card.

Please note: The DHMO reserves the right to modify the Specialty Care Referral Guidelines at any time.