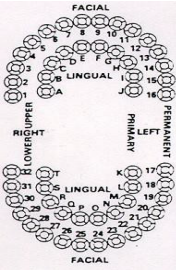


Direct Referral and Special Exception Form

Dental

This form applies to dentists in New York only. For special exception request, fax form to 855-371-0157.

1. <input type="checkbox"/> REFERRAL <input type="checkbox"/> SPECIAL EXCEPTION		2. SPECIAL EXCEPTION AUTHORIZATION #		3. FOR SPECIAL EXCEPTION, CONTACT ANTHEM AT 866-947-9398.		
PATIENT COVERAGE INFORMATION	4. PATIENT NAME			5. PATIENT BIRTHDATE MONTH DAY YEAR		
	6. EMPLOYEE/SUBSCRIBER NAME AND ADDRESS		7. EMPLOYEE/SUBSCRIBER ID NUMBER	8. EMPLOYEE/SUBSCRIBER BIRTHDATE MONTH DAY YEAR	9. GROUP NUMBER	
SPECIALIST INFO	10. NAME OF DENTIST					
	11. ADDRESS					
	12. CITY, STATE, ZIP					
	13. PHONE NUMBER					
REFERRED TREATMENT	14. IDENTIFY MISSING TEETH WITH X		15. EXAMINATION AND TREATMENT PLAN		FOR ADMINISTRATIVE USE ONLY	
			16. TOOTH	17. SURF	18. DESCRIPTION OF SERVICE	19. PROCEDURE NUMBER
GENERAL DENTIST REFERRAL INFORMATION						
20. REFERRAL INFORMATION — SEE INSTRUCTIONS						
21. NAME OF DENTIST OR DENTAL ENTITY			CENTER NO.			
ADDRESS						
CITY, STATE, ZIP						
DENTIST TIN		DENTIST LICENSE NO.		PHONE NO.		
I HEREBY CERTIFY THAT THE PROCEDURE(S) LISTED IN THE REFERRAL INSTRUCTIONS ARE NECESSARY						
X _____ GENERAL DENTIST SIGNATURE			DATE SIGNED			

Instructions

Important — This form must be used to refer a patient to a specialist. We need the information requested on the front of this form to process the specialist's claim. Please help us by filling in all the applicable boxes so claims are paid correctly.

Affiliated general dentists must use this form, specialist dentists may use this form under certain situations, please see specialist referral guidelines. For periodontal and orthodontic referrals, additional forms are required, see below.

The form must be filled out in its entirety.

Section 1 and 2: Referral or special exception:

1. Is this a referral, an exception, or both? Please mark the boxes that apply.
2. Once a special exception is granted, the exception number will be placed here.

Section 3: Contact information for special exception

Sections 4 to 9: Subscriber/patient information: The subscriber/patient information is required for all referrals. Fill out all of the fields for this section.

Sections 10 to 13: Specialist dentist information: This is the specialist dentist the patient is being referred to. Be sure to provide only the name of the dentist and not the practice name. Fill out all of the fields for this section.

Section 14 to 19: Treatment: Treatment being referred. Fill out all of the fields necessary for this section.

Section 20: Referral information: General dentists should complete the referral information located on the bottom of the claim form. Be sure to include the reasoning of the referral or what necessitates the need for the specialists to perform the treatment.

Special exception request

Refer to the *Direct Referral Program Guide* for special exception guidelines for your specialty. To request the special exception, complete this form and fax it to **855-371-0157** or call **866-947-9398**.

Direct referral

If this is a direct referral, the general dentist must sign the form and give it to the patient to be taken to the appointment with the specialist dentist for treatment. The specialist dentist should submit this form along with the *ADA Claim Form* to Anthem for adjudication following completion of treatment.

Send to: Anthem
Dental Benefits Program
P.O. Box 791
Minneapolis, MN 55440-0791

Special instructions for periodontic and orthodontic referrals

Periodontic referrals / special exception

The *Periodontal Referral Form* along with **periodontal charting information** is used in conjunction with this specialist referral form to the specialist. The periodontist submits the treatment plan and/or charges using the *ADA Claim Form*, along with the referral form and the *Periodontal Referral Form*:

- **Direct referral** — If this is a direct referral, the general dentist must sign the referral form and give both forms to the patient to be taken to the appointment with the specialist dentist for treatment. The specialist dentist should submit these forms along with *the ADA Claim Form* to Anthem for adjudication following completion of treatment.

- **Special exception** — The general dentist completes this specialist referral form and *Periodontal Referral Form* and submits both to the Utilization Review department for approval at the fax number above.

Orthodontic referrals

The general dentist completes and submits this specialist referral form to the orthodontist and provides the orthodontic referral form to the specialist. The orthodontist completes an ***Orthodontic Referral/Treatment Form*** identifying the treatment plan for each referral and submits the completed orthodontic referral form along with a copy of the specialist referral form received from the patient.

These forms can be obtained from <https://anthem.com/provider/dental> or by calling 866-947-9398.