



Dental Treatment Authorization Request

2355 E. Camelback Rd #300 Phoenix, AZ 85016

Ph. 602.778.1800 (Options 5, 6, 1)

Fax: 602.778.1838

Urgent

Routine

Member Information:

AHCCCS Member

DDD/ALTCS Member

Member Name:	Member ID or (SSN#):	Date of Birth:
Member Address:	City, State, Zip:	Member Phone:
General Dentist Name:	AHCCCS/Provider ID:	Contact Person:
Dentist Phone: ()		Dentist Fax: ()

Specialist Referral: Attach Chart Records - Send X-rays with Patient to Specialist - Assist in Scheduling Appointment

Specialist Name:	Specialty: <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Endodontist <input type="checkbox"/> Periodontist
Provider Address:	City, State, Zip:
Specialist Phone: ()	Specialist Fax: ()

<input type="checkbox"/> Dental Anesthesiologist	Name:	Phone: ()	Fax: ()
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<input type="checkbox"/> Emergency Dental <i>(Complete Proof of Emergency)</i>	Patient's Chief Complaint <input type="checkbox"/> New Onset Pain <input type="checkbox"/> Infection/Swelling <input type="checkbox"/> Injury/Trauma <input type="checkbox"/> Hot/Cold Sensitivity	Date Symptoms Began: _____ Description of Pain upon exam: (Attach Chart Records) <input type="checkbox"/> Chronic: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Acute: <input type="checkbox"/> Severe Tooth #: _____
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Treatment Plan Over \$1000
 Pre-X-Rays/Chart Records Attached
 Post-X-Rays/Chart Records w/Claim
 _____ **# of visits Requested**

Treatment Plan – May use this form or the Request for Predetermination/Preauthorization 2002 ADA Claim Form

Tooth # / Letters	CDT- Codes	Tooth # / Letters	CDT- Codes	Tooth # / Letters	CDT- Codes

Clinical Diagnostic Narrative:	Comments:
Dentist Signature:	Today's Date:

Authorization does not guarantee payment. Reimbursement is based on the accuracy of the information received with the original request and whether service(s) meet the benefit criteria and is substantiated through retrospective review and/or medical review; also on whether the claim meets claims submission requirements. **Check Eligibility Prior To Rendering Service.** Payment will not be made for unauthorized services. Authorizations are valid for: 90 days Members Age 0 to 20 and 30 Days Members Age 21+.