

SPECIALTY REFERRAL / CLAIM FORM



SECTION 1 - PATIENT INFORMATION

Name of Patient	Patient's Phone Number		Plan # or Group #		Subscriber's ID #			
Name of Subscriber	Date of Birth: MO DAY YR	Sex (Check One) M F	Relationship (Check One)	Self	Spouse	Dep	Handicapped	
Address	City		State	Zip Code	Is Patient Covered by Another Dental Plan? Plan Name: Policy Number:			

SECTION 2 - REFERRAL INFORMATION

Referral Date: _____ (referral Expires in 60 days)

Referring Dentist

Specialist

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Prov. #/NPI: _____
 SS# or TIN: _____

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Prov. #/NPI: _____
 SS# or TIN: _____

Services requested: _____

Reason for referral: _____

<p>This section must be completed for periodontal referrals</p>	Prophylaxis date(s): _____
	Root planing/scaling/indicate quadrant and date(s): _____
	Root planing or perio maintenance follow-up date(s): _____

SECTION 3 - APPOINTMENT INFORMATION/TO BE COMPLETED BY SPECIALIST

Tooth #	Surface	Procedures Performed	Date of Service	ADA Code	Fee Charged

If procedure(s) other than those requested on this referral are necessary, you MUST contact the referring office for approval.

Specific protocol and conditions exist for specialty referral coverage. Please consult your provider manual for further information.

I hereby certify that the services listed above have been performed and payment is therefore due.

Dentist Signature _____

Date _____

The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

CA: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FL: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

DC & LA & RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

IN & OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

VA: Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

TN & WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.