

**INFORMATION FOR THE REFERRING GENERAL DENTIST AND SPECIALIST:**

- See the DeltaCare USA Dentist Handbook to verify enrollee benefits and that referral criteria have been met.
- For **Direct Referral** to a DeltaCare USA Contracted Specialist, complete the form and attach needed radiographs and charting. Send to the specialist either directly or by giving to the enrollee for the specialist.
- If unsure whether a contract specialist is available, **phone our Customer Service department at 866-774-5595**. For emergency specialty care, Customer Service can issue an Emergency Authorization Number over the telephone.
- If there is no local contracted specialist, and the enrollee needs non-emergency specialty care, mail this form and required radiographs/charting to the Plan.

The Plan mailing address for referrals and claims is: **DeltaCare USA, Claims Department, P.O. Box 1810, Alpharetta, GA 30023.**

**REFERRED PATIENT AND SUBSCRIBER/PRIMARY ENROLLEE (PE)**

PATIENT NAME (FIRST) (MIDDLE) (LAST)			PATIENT RELATIONSHIP TO PRIMARY ENROLLEE/SUBSCRIBER <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		PATIENT DATE OF BIRTH MONTH/DAY YEAR		
PATIENT COVERED BY ANY OTHER DENTAL PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME AND ADDRESS OF OTHER DENTAL PLAN		OTHER DENTAL PLAN GROUP NUMBER		SUBSCRIBER/PE ID #	
SUBSCRIBER/PE NAME (FIRST) (MIDDLE) (LAST)			SUBSCRIBER/PE DAYTIME TELEPHONE NUMBER(S)		AMOUNT PAID BY OTHER DENTAL PLAN		
SUBSCRIBER/PE STREET MAILING ADDRESS				SUBSCRIBER/PE EMPLOYER OR GROUP NAME			
SUBSCRIBER/PE CITY, STATE ZIP				SUBSCRIBER/PE GROUP/DELTACARE USA PLAN NUMBER			

**REFERRING ASSIGNED GENERAL DENTIST FACILITY**

DELTACARE USA FACILITY NUMBER:
FACILITY NAME
FACILITY STREET ADDRESS
FACILITY CITY, STATE ZIP
FACILITY TELEPHONE

**SPECIALIST FACILITY RECEIVING REFERRAL**

DELTACARE USA FACILITY NUMBER (OR ENTER "NON-CONTRACTED")
SPECIALIST NAME
SPECIALIST STREET ADDRESS
SPECIALIST CITY, STATE ZIP
SPECIALIST TELEPHONE

**NEEDED SPECIALTY SERVICE(S)**

<b>NEEDED SPECIALIST TYPE</b> (check one): <input type="checkbox"/> Endodontist <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Orthodontist <input type="checkbox"/> Pediatric Dentist <input type="checkbox"/> Periodontist			<b>SPECIALIST PLAN STATUS</b> (check one): <input type="checkbox"/> DeltaCare USA Contracted <input type="checkbox"/> Non-Contracted		
<b>REFERRAL TYPE</b> (check one): <input type="checkbox"/> Direct Referral to a Contracted Specialist: <input type="checkbox"/> DeltaCare USA Preauthorized Referral for Routine Specialty Service(s) <input type="checkbox"/> DeltaCare USA Preauthorized Referral for Emergency Specialty Service(s) with DeltaCare USA Emergency Authorization Number : _____			<b>RADIOGRAPH(S)/RECORD(S) FORWARDED WITH THIS FORM</b> <input type="checkbox"/> Radiographs How many? _____ <input type="checkbox"/> to Plan <input type="checkbox"/> to Specialist <input type="checkbox"/> Full-mouth periodontal charting <input type="checkbox"/> to Plan <input type="checkbox"/> to Specialist <input type="checkbox"/> Other: _____ <input type="checkbox"/> to Plan <input type="checkbox"/> to Specialist		

COMMENTS:

PROCEDURE NUMBER	PROCEDURE DESCRIPTION	TOOTH NO. QUADRANT ARCH	SURFACES	ENROLLEE'S COPAYMENT	[RESERVED FOR SPECIALIST]		
					DATE OF SERVICES	SPECIALIST FEE	

**REFERRING DENTIST SIGNATURE**

In my professional judgment all services I have listed above are needed and beyond the scope of a general dentist. The information supplied herein is true and accurate.

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PREAUTHORIZING SPECIALIST SIGNATURE**

The treatment listed above is necessary in my professional judgment and I request a predetermination of cost and authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIALIST SIGNATURE FOR PAYMENT**

The treatment listed above was completed on the date(s) of service listed. All information I have provided concerning this case is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note, all dental services listed above may not be covered under all DeltaCare USA plans and referrals are subject to an enrollee's eligibility and plan-specific benefits, limitations and exclusions. For further information, enrollees can refer to their DeltaCare USA Evidence of Coverage.**

## Direct referral — Quick tips for arranging specialty care

DeltaCare USA general dentists may refer their assigned patients to DeltaCare USA contracted specialists without prior approval, as long as the specialty care guidelines, summarized here, are met.

### Referrals

The complete Specialty Care Direct Referral Guidelines, including the Specialty Care Direct Referral form, claim form (to use for preauthorizations and payments) and specific procedure codes for which direct referrals may be made, are included in your Dentist Handbook. To access the Handbook, log in to your facility Online Services account at [deltadentalins.com](http://deltadentalins.com) and select “Reference Library.” You may print and/or copy the forms for your use as needed.

It’s important to be aware of the responsibilities for both the general dentist and the specialist to help ensure that claims are processed promptly and accurately. When specialty care is necessary, please be sure to re-review this summary and the Specialty Care Direct Referral Guidelines in the Dentist Handbook.

### General dentists

1. Locate a contracted DeltaCare USA specialist by using “Find a Dentist” at [deltadentalins.com](http://deltadentalins.com). If the general dentist cannot locate a specialist within a reasonable geographical from the patient, he/she may call DeltaCare Customer Service to help find a contracted DeltaCare USA specialist or determine if the patient will need to visit a non-contracted specialist.
2. Complete the Specialty Care Direct Referral form. Be sure to include:
  - Patient information and ID number
  - General dentist **and** specialist information
  - Reason for referral and only anticipated procedure code(s) and supporting documentation. Procedures included on the form must meet the criteria outlined in your Dentist Handbook under each specialty.
3. Provide the patient with the completed referral form and supporting documentation to take to the specialist. Or, you may forward these directly to the specialist. Keep a copy for your records.

**Important note:** The specialist must include a copy of the referral form when submitting claims for preauthorization and payment, so please be sure the specialist receives the completed referral form from you or the patient.
4. If a local contracted DeltaCare USA specialist cannot be found and the patient needs non-emergency specialty care, please mail or transmit the completed referral form and necessary x-rays/documentation to DeltaCare USA. The address is on the referral form. The payer ID for electronic submissions is DDCA2.

**Important note:** X-rays and other supporting documentation will not be returned. Please do not submit your original x-rays. Copies of diagnostic quality, including paper copies of digitized images, are acceptable.

## Specialists

1. To ensure payment, before treatment, be sure to obtain preauthorization for any procedure codes that are:
  - a. not included on the Specialty Referral form from the general dentist,
  - b. included by the general dentist but not a referable procedure for that specialty in the Dentist Handbook, or
  - c. any other procedure code.
  - For emergency treatment, call 800-774-5595 for verbal authorization.
  - For non-emergency treatment, mail a copy of the Specialty Care Direct Referral form you received from the general dentist and a completed claim for preauthorization to DeltaCare USA, P.O. Box 1810, Alpharetta, GA 30023.  
**Important note:** Include on the claim all treatment indicated on the referral form from the general dentist and/or any other treatment you may provide that is not included on the referral form. We will respond to your treatment request by mail, usually within five business days.
2. When treatment is complete, fill in the gray area of the referral form in the space titled “Reserved for Specialist.”
3. Include a copy of the referral form with your claim when submitting for payment.
  - When using a paper claim, be sure to attach the referral form to the top of the claim.
  - When submitting electronically, include the referral form as an attachment. The payer ID for electronic claims is DDCA2.
4. Without the referral form, we cannot process your claim. To verify that we’ve received your claim, log in to your facility Online Services account and use the “My Claims” tool.

## Customer Service

If you have any questions or need more information, please contact Customer Service at 800-774-5595 or 866-774-5595. Or, log in to your facility Online Services account (or create one) at [deltadentalins.com](http://deltadentalins.com) to review your Dentist Handbook and Dentist Benefit Book, submit claims/encounters, and, obtain claim/encounter status and more. As always, your Professional Relations representative is also available to assist you.