

Specialty Care Direct Referral Request



LIBERTY DENTAL PLAN
 Making members shine, one smile at a time™

Referred by: Network General Dentist			Referred to: Network Specialist		
General Dentist's Name:			Specialist's Name:		
Phone:	ID #:		Phone:	ID #:	
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:

Member/Patient Information					
Member's Name:		ID #:		Eligibility Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name:		DOB:		Verifier's Initials:	
Address:		Phone:		Date & Time:	
City:	State:	Zip:			

General Dentist (GD): Referral must be made to a network specialist. If there is no network specialist available, you must obtain prior authorization from LIBERTY. All referrals must be made in compliance with Plan Referral Guidelines. Please have the member sign and date all Specialty Referral Request Forms. All necessary diagnostic x-rays must be attached and sent to the network specialist.

Network Specialist: Only the covered services referred by the GD and listed on this form will be considered for payment. You may request authorization for any service not listed on this referral form by submitting a pre-authorization on an ADA approved claim form. Please attach this Specialty Referral Request Form and submit with a dated and signed claim form.

Some important Specialty Referral Guidelines are listed here for your convenience:

- Endodontics:** Uncomplicated anterior (D3310) and bicuspid (D3320) root canals are typically performed by the GD.
- Oral Surgery:** Routine (D7140) and uncomplicated surgical (D7210) extractions are typically performed by the GD.
- Pediatric Dentistry:** Routine care for children is typically performed by the GD.
- Periodontics:** A comprehensive treatment plan, preliminary therapy and scaling and root planing (D4341) are typically performed by the GD.

Specialty Requested:

- Endodontics
 Oral Surgery
 Orthodontics
 Pediatric Dentistry
 Periodontics
 Consultation only
 Evaluation and Treatment
 Emergency

Tooth #/Area	CDT Code	Tooth #/Area	CDT Code	Tooth #/Area	CDT Code

Authorization Release

Patient Informed Consent for Referral: Your PCD has requested a referral for the specialty care services listed above. For covered services, the patient is responsible for the applicable plan schedule charges at the time of service. For non-covered services, the patient is responsible for the Network Specialist's usual fee. This referral is not a guarantee of coverage or benefit payment. The patient must be eligible at the time of service and the Plan's benefits, specialty referral guidelines, limitations and exclusions, will determine coverage in all cases.

Member's/Patient's Signature:	Date Signed:
Network General Dentist's Signature:	Date Signed:
Network Specialist's Signature:	Date Signed: