



New York Emergency Oral Surgery Specialty Care Attestation Form

At LIBERTY, we are committed to accurate and efficient claims processing. **When Specialty Care was not pre-authorized and/or a referral was not obtained** by LIBERTY Dental Plan due to an emergency, please submit this attestation form with a dental ADA claim form and a Periapical or Panoramic x-ray for payment consideration. You may access a copy of the Attestation Form at <https://www.libertydentalplan.com/Providers/Provider-Resource-Library.aspx>

SUBSCRIBER/PATIENT INFORMATION			
Date of Service:		Subscriber ID (SSN or ID#):	
Subscriber/Patient Name:		Patient DOB:	

PLEASE CHECK A BOX BELOW FOR TYPE OF EMERGENCY				
	Abscess/Infection			
	Severe Acute Pain			
	Facial Trauma			
	Bleeding			
	Other			
Indicate quadrant(s) of emergent care:	<input type="checkbox"/> UL	<input type="checkbox"/> UR	<input type="checkbox"/> LL	<input type="checkbox"/> LR

TREATING DENTIST INFORMATION			
Name:		Phone:	
License Number:		NPI:	

I hereby attest that (a) the specialty care treatment performed without a pre-authorization was due to a dental emergency e.g. pain, swelling, bleeding, (b) I understand final claim payment is subject to clinical review.

Treating Dentist's Signature: _____ **Date:** _____

You may submit the required attestation form with claim information in one of three ways:

ELECTRONICALLY (EDI)	PROVIDER WEB PORTAL: i-TRANSACTION
LIBERTY accepts electronic claims from providers through clearinghouses. LIBERTY's Payor ID is CX083. National Electronic Attachment, Inc. (NEA) is recommended for electronic attachment submission. For additional information regarding NEA and to register your office, please visit www.nea-fast.com , select FASTATTACH™, then select Providers.	www.libertydentalplan.com <div style="text-align: center; background-color: #e0e0e0; padding: 2px 5px;">MAIL</div> <div style="text-align: center; padding: 5px;"> LIBERTY Dental Plan Attn: Claims Department PO Box 15149 Tampa, FL 33684-5149 </div>