

**Dental Services**

Fax completed form to: 608-252-0830



Oral Surgery

Temporomandibular Joint Disease (TMJ)

Anesthesia &amp; Facility

Accidental Injury

**Pre-Service Non-Urgent (Physician Signature NOT Required)****Pre-Service Administratively Urgent (Physician Signature NOT Required)**

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

**Pre-Service Medically Urgent (Attending Physician Signature REQUIRED Below)**

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed.)

**Attending Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**PATIENT DEMOGRAPHICS**

Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

**REFERRING PROVIDER INFORMATION OR REQUESTING/SERVICING FACILITY INFORMATION**

Provider Name:		Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

**REFERRED TO PROVIDER/FACILITY OR ATTENDING/ORDERING PHYSICIAN INFORMATION**

Referred To:		Phone #
Street Address:		Fax #
City:	State:	Zip Code:
Provider #:	Specialty:	

**REQUESTED DATE OF SERVICE**      **DIAGNOSIS/ICD CODE**

	1.	3.
	2.	4.

**PROCEDURE/CPT CODE**      **DESCRIPTION**

PROCEDURE/CPT CODE	DESCRIPTION

**ADDITIONAL INFORMATION**

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**Form Submitted By:**

Name:	Phone:	Fax:
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The completed form can be faxed to: (608) 252-0830.

If you have any questions regarding the services or form, please contact Customer Service at 877-230-7555 or review [Prevea360 Health Plan's Medical Management](#) site.

Requests to non-plan providers must be approved prior to obtaining services.

Updated: 10/2016

Underwritten by Dean Health Plan, Inc.