## FAX to 516-228-5025

333 Earle Ovington Blvd., Suite 300 Uniondale, New York 11553-3608

	PATIENT NAME:			RELATIONSHIP TO MEMBER:  SELF SPOUSE CHILD OTHER			PATIENT BIRTHDATE: MO DAY YR		
P R O V I D E R	MEMBER NAM	ME: LAST	FIRST MI	MEMBER ID #		NAME OF GROU	JP DENTAL PROG	RAM:	GROUP #:
	MEMBER MA	ILING ADDRESS:		CITY			STATE:		
	REFERRED BY DR.: PROVIDER SITE #:								
	TOOTH #, LETTER, OR AREA	_	CES REQUESTED	REQUESTED				HEALTHPLEX USE ONLY	
		Extraction							
	Additional Information:								
	I understand that only those services approved by Healthplex will be covered by my Dental Plan.  Signature of Patient:								
H	Referral: Approved Denied Pending For Healthplex Use Only:							$\overline{}$	
A L T	Date Reviewed:By								
H P L					_				
E	-								
S P	REFERRED TO DR.: Dr.Brisman   Dr.Lewis SPECIALTY: Oral Surgery Site: A7587								
E C I	ADDRESS: 130 Garth Road, Scarsdale, NY 10583 TELEPHONE #: (914) 874-5757								
A L	CO-PAYMENT: \$ REFERRAL APPROVAL #:								
S T	Please submit a claim form referencing the referral approval # to Healthplex for services rendered.								
plan limit	tations at the ti	rantee of payment. Ben me of actual treatment.	efits are subject to eligibility &		RIGHT	MAXII	LLARY	LEFT	
INSTRUCTIONS:  FOR NON-EMERGENCY REFERRALS:  1. GP completes 'PROVIDER' section and submits form to Healthplex for review via mail, fax to 516-228-5025, or email to referrals@Healthplex.com.  2. Healthplex reviews the request and issues a determination via mail to the GP and member. Specialist will receive a copy if approved.  3. If the referral is approved, the patient should make an appointment with the specialist.  4. The specialist renders approved services and submits a claim to Healthplex.  FOR EMERGENCY REFERRALS:  1. GP completes 'PROVIDER' section and calls Healthplex for a referral approval number and								A CO	IS 16 PA IDUOUS

# given by Healthplex. The specialist renders approved services and submits a claim to Healthplex.

copayment information (to be placed in 'SPECIALIST' section).

The patient makes an appointment with the specialist and references the referral approval

32 31 30 29 28 27 26 25

MANDIBULAR

24 23 22 21 20 19 18 17