

# HEALTHPLEX SPECIALIST REFERRAL FORM

FAX to 516-228-5025 or mail with Xrays

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

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PATIENT NAME: _____			RELATIONSHIP TO MEMBER: SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>			PATIENT BIRTHDATE: MO   DAY   YR		
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MEMBER NAME: LAST	FIRST	MI	MEMBER ID #	NAME OF GROUP DENTAL PROGRAM:	GROUP #:
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MEMBER MAILING ADDRESS: _____	CITY	STATE:
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REFERRED BY DR.: \_\_\_\_\_ PROVIDER SITE #: \_\_\_\_\_

TOOTH #, LETTER, OR AREA	SERVICES REQUESTED	HEALTHPLEX USE ONLY
	Ortho evaluation   crossbite   impacted permanent	
Additional Information:		

I understand that only those services approved by Healthplex will be covered by my Dental Plan.

Signature of Patient: \_\_\_\_\_

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Referral:  Approved  Denied  Pending

Date Reviewed: \_\_\_\_\_ By \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

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For Healthplex Use Only:

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REFERRED TO DR.: Dr.Rishi Kothari SPECIALTY: Orthodontist Site: **A7511**

ADDRESS: 237 Willis Avenue, Bronx, NY 10454 TELEPHONE #: (718) 292-8988

CO-PAYMENT: \$ \_\_\_\_\_ REFERRAL APPROVAL #: \_\_\_\_\_

Please submit a claim form referencing the referral approval # to Healthplex for services rendered.

Referrals are not a guarantee of payment. Benefits are subject to eligibility & plan limitations at the time of actual treatment.

**INSTRUCTIONS:**

- FOR NON-EMERGENCY REFERRALS:**
- GP completes 'PROVIDER' section and submits form to Healthplex for review via mail, fax to 516-228-5025, or email to referrals@Healthplex.com.
  - Healthplex reviews the request and issues a determination via mail to the GP and member. Specialist will receive a copy if approved.
  - If the referral is approved, the patient should make an appointment with the specialist.
  - The specialist renders approved services and submits a claim to Healthplex.
- FOR EMERGENCY REFERRALS:**
- GP completes 'PROVIDER' section and calls Healthplex for a referral approval number and copayment information (to be placed in 'SPECIALIST' section).
  - The patient makes an appointment with the specialist and references the referral approval # given by Healthplex.
  - The specialist renders approved services and submits a claim to Healthplex.

