

UNITED CONCORDIA

SPECIALTY REFERRAL / CLAIM FORM

SECTION 1 - Patient Information	
Name of Patient	Patient's Phone Number
Name of Subscriber	Plan # or Group #
Date of Birth: MO DAY YR	Subscriber's ID #
Address	Sex (Check One) Relationship (Check One) Self Spouse Dep Handicapped
City	State Zip Code Is Patient Covered by Another Dental Plan? Plan Name: Policy Number:

SECTION 2 - Referral Information

Referral Date: _____ (referral Expires in 60 days)

<u>Referring Dentist</u>	<u>Specialist</u>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Prov. #/NPI: _____	Prov. #/NPI: _____
SS# or TIN: _____	SS# or TIN: _____

Services requested: _____

Reason for referral: _____

This section <u>must</u> be completed for periodontal referrals	Prophylaxis date(s): _____ Root planing/scaling/indicate quadrant and date(s): _____ Root planing or perio maintenance follow-up date(s): _____
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SECTION 3 - Appointment Information/To be completed by Specialist

Tooth #	Surface	Procedures Performed	Date of Service	ADA Code	Fee Charged

If procedure(s) other than those requested on this referral are necessary, you **MUST** contact the referring office for approval. **Specific protocol and conditions exist for specialty referral coverage. Please consult your provider manual for further information.**

I hereby certify that the services listed above have been performed and payment is therefore due.

Dentist Signature _____ Date _____

The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.
- DC:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- LA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- IN & OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- VA:** Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.
- TN & WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.