

DeltaCare USA Emergency Pre-authorization Form

The DeltaCare USA Specialty Care Direct Referral Form must be obtained from the patient's in-network DeltaCare USA general dentist or in-network DeltaCare USA pediatric dentist.

DeltaCare USA facility ID:
If not contracted with DeltaCare USA, tax ID number:
Specialty type:
Facility name:
Facility telephone number:
Facility email address:

Patient's full name:
Patient's date of birth (MM/DD/YYYY):
Enrollee's full name:
Enrollee ID number:
Is patient in pain?
Yes: No:

Reason for emergency authorization request:

Procedure code	Procedure description	Tooth number Quadrant arch	Surfaces	Enrollee copayment
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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*The specialist understands all dental procedures listed on the DeltaCare USA Emergency Pre-authorization Form may not be covered by DeltaCare USA Plans, and referrals are subject to the enrollee's eligibility, plan-specific benefits, limitations and exclusions, and governing administration policies. This information is available online at **deltadentalins.com**. The emergency authorization number will remain in effect for 48 hours. For non-emergencies, the doctor must utilize the standard pre-authorization process as outlined in the Dentist Handbook.*

I have read and understand the above statement

Authorized Signature: _____ Date: _____

*Email completed form to Contact Center at: **DCUSAEmergPreauth@delta.org**. Contact Center will reply within 24 hours with the emergency treatment authorization number. Normal business hours are from 5 am - 6 pm PST, Monday through Friday. For treatment completed on holidays or weekends, please submit the completed form on the first available business day.*

For Contact Center use only	
Authorization number issued:	
Agent name:	
Date:	
Facility notified by:	Telephone: Email: