

DCUSA Emergency Preauthorization Form

The DeltaCare USA Specialty Direct Referral Form must be obtained from the patient's assigned general dentist prior to submitting care for emergency referral authorization.

DeltaCare USA facility number:	Patient's name: First, Middle, Last
Non-contracted DeltaCare USA tax ID number:	Patient's date of birth: Month/Day/Year
Specialty type:	Enrollee's name: First, Middle, Last
Facility name:	Enrollee/PE ID number:
Facility telephone number:	Patient is in pain?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Facility email address:	

Reason for request:

Procedure code	Procedure description	Tooth No. Quadrant Arch	Surfaces	Enrollee's copayment

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The specialty doctor understands all dental procedures listed on the Emergency Referral Contact 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/provider-tools. 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 Customer Service at: DCUSAEmergPreauth@delta.org. Customer Service will reply within 24 hours with the emergency treatment authorization number. Normal business hours are from 5am-6pm PST, Monday through Friday. For treatment completed on holidays or weekends, please submit the completed form on the first available business day.

Customer Service Only	
Issued emergency treatment authorization number:	
Customer service agent:	
Date:	
Submission to the facility by:	Telephone: <input type="checkbox"/> Email: <input type="checkbox"/>