

## DeltaCare USA Emergency Pre-authorization Form

---

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

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

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

**Reason for emergency authorization request:**

---



---



---

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

## DeltaCare USA Emergency Pre-authorization Form

---

*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		
<b>Authorization number issued:</b>		
<b>Agent name:</b>		
<b>Date:</b>		
<b>Facility notified by:</b>	Telephone:	Email: