# LIBERTY Dental Plan Specialty Care Referral Request

P.O. Box 401086
Las Vegas, NV 89140
Phone: 888-401-1128 Fax: 888-401-1129

| Eligibility Verified: Yes No |
|---|
| Verifiers Initials: |
| Date & Time: |

☐ Specialty Referral (Mail to LDP with x-ray & documents) ☐ Emergency Referral (Call 888-359-1087)

| **Provider** | **Referring Specialist** |
|---|---|
| Name: | Specialist Name: |
| Phone: ID#: | Phone: ID#: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |

| **Member** | | |
|---|---|---|
| Member Name: | ID #: | Eligibility Verified: ☐ Yes ☐ No |
| Patient Name: | DOB: | Verifiers Initials: |
| Address: | Phone: | Date & Time: |
| City, State, Zip: | | |

**Treatment Request**

| CDT Code | Procedure Code Description | Tooth # | Surface |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

PLEASE CHECK ALL THAT APPLY IN EACH SPECIALTY CATEGORY:

| | |
|---|---|
| **Endodontics** (must submit PA & BWX) | ☐ Prognosis (circle one): good / poor<br>☐ Reason for Referral<br>Additional Information _____ |
| **Oral Surgery** (must submit PA or Pano) | ☐ Reason for Referral _____<br>Additional Information _____<br>*In absence of Pathology extractions of impacted teeth and roots are not a benefit |
| **Pediatric Dentistry** | ☐ Reason for Referral (Please document behavioral problems occurring at initial exam):<br>Date(s) _____<br>☐ Age of Child _____<br>Additional Information _____ |
| **Periodontics** | Referral limited to D9310 Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician<br>(circle one)<br>Case Type I, II, III, IV<br>Dates of Root Planing<br>UR _____ UL _____<br>LR _____ LL _____<br>Additional Information _____ |
| **Orthodontics** | Notes: |

I hereby certify that the above noted treatment request has met the criteria for specialty referral and acknowledge that the final claim for payment is subject to clinical review.

Dentist Signature: _____ Date: _____

Dental plan use only □ Approve □ Deny □ Pend Dental Consultant Signature _____

Comments _____