

Oral Surgery Temporomandibular Joint Disease (TMJ) Anesthesia & Facility Accidental Injury

Pre-Service Non-Urgent/Standard (Physician Signature NOT Required)

Pre-Service Administratively Urgent (Physician Signature NOT Required)

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

Pre-Service Medically Urgent/Expedited (Attending Physician Signature REQUIRED Below)

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

Attending Physician Signature: _____ **Date:** _____

Check if you are requesting services at another Tier for a ASO PPO Member

PATIENT DEMOGRAPHICS

Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION OR REQUESTING/SERVICING FACILITY INFORMATION

Provider Name:		Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PROVIDER/FACILITY OR ATTENDING/ORDERING PHYSICIAN INFORMATION

Referred To:		Phone #
Street Address:		Fax #
City:	State:	Zip Code:
Provider #:	Specialty:	

REQUESTED DATE OF SERVICE	DIAGNOSIS/ICD CODE(S)

PROCEDURE/CPT CODE	DESCRIPTION

ADDITIONAL INFORMATION

Form Submitted By:

Name:	Phone:	Fax:
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The completed form can be faxed to: 608-252-0830.

If you have any questions regarding the services or form, please contact our Customer Care Center at 877-234-4516 or review [Dean Health Plan’s ASO Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.