

Authorization Number

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 unless for a DeanCare Gold member)

(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. Physician signature NOT required for DeanCare Gold requests.)

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

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:
-------	--------	------

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 800-279-1301 or review [Dean Health Plan’s Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.