

NEVADA DENTAL BENEFITS REQUEST FOR SPECIALTY REFERRAL: PEDIATRICS

PROVIDER INFORMATION			
Referring Provider Name:		Specialty Provider Name:	
Practice Name:		Practice Name:	
Address:		Address:	
City:	Phone:	City:	Phone:
State:		State:	
Zip:		Zip:	

EMPLOYEE & PATIENT			
Employee Name:		ID:	
Address:			
City:	State:	Zip Code:	Phone:
Patient Name:		Date of Birth:	Relationship:

PATIENT HEALTH & HISTORY		
Please answer the following questions:	Yes	No
Is patient unmanageable and 8 years old or younger?	<input type="checkbox"/>	<input type="checkbox"/>
Does patient have congenital or developmental conditions requiring a pediatric specialist?	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR REFERRAL
Please provide a narrative to support reason for referral. If the patient is >8 years old, indicate reason patient cannot be seen in your office:

URGENT/EMERGENCY EVALUATION			
Is the patient in pain now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient swollen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you prescribed / dispensed medication(s) to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have x-rays to send with the patient to the specialist?			<input type="checkbox"/> Yes <input type="checkbox"/> No
When can the patient go to the specialist? <input type="checkbox"/> Now <input type="checkbox"/> Later Today <input type="checkbox"/> Tomorrow			

REQUEST FOR SPECIALTY REFERRAL SUBMISSION INSTRUCTIONS

This form is to be completed by NDB Premier General Dentist Providers only. Specialty Premier (In-Network) Benefits are only available when referred by a NDB Premier General Dentist Provider.

1. Complete "Request for Specialty Referral" form, attach necessary documentation (x-rays, periodontal charting, narrative, etc.). Please refer to list of participating NDB Specialty Providers.

2. For non-urgent requests (retain copy for your records), mail to the following:

Nevada Dental Benefits – PA
P.O. Box 80117
Las Vegas, NV 89180

3. You will receive a written response within 14 days. If you do not receive a response, please contact us at: (702) 478-2014.

For urgent requests for specialty referral, please follow the steps below:

General Dentist

1. Complete this form, attach necessary documentation (x-rays, periodontal charting, narrative, etc.). Please refer to list of participating NDB Specialty Providers.
2. Assist member in scheduling appointment with participating specialist and fax this form to specialist.
3. Give copy of this form and x-rays to member to take to specialist.
4. Fax this form to Nevada Dental Benefits: (702) 333-9140.

Specialist

1. Contact Nevada Dental Benefits at (702) 478-2014 to verify eligibility and indicate procedure to be performed to address urgent need.

