



Auth. Code: _____

Date: _____

NEVADA DENTAL BENEFITS REQUEST FOR SPECIALTY REFERRAL: PERIODONTICS

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

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

PATIENT HEALTH & PERIODONTAL HISTORY			
Does patient smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Periodontal Maintenance (D4910): / /	
Date of first periodontal probing: / /		Were Oral Hygiene Instructions taught? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last periodontal probing: / /		How is patient's home care? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<input type="checkbox"/> Patient has 4+mm pockets and/or bone loss four weeks post scaling and root planing		<input type="checkbox"/> Patient has had previous surgery that appears to be failing	

INDICATE CURRENT PERIODONTAL STATUS BY CHECKING (✓) MOST APPLICABLE FOR EACH QUADRANT			
Upper Right Quadrant	<input type="checkbox"/> Slight (4-5 mm) <input type="checkbox"/> Moderate (5-8 mm) <input type="checkbox"/> Advanced (8-12 mm)	Lower Left Quadrant	<input type="checkbox"/> Slight (4-5 mm) <input type="checkbox"/> Moderate (5-8 mm) <input type="checkbox"/> Advanced (8-12 mm)
Upper Left Quadrant	<input type="checkbox"/> Slight (4-5 mm) <input type="checkbox"/> Moderate (5-8 mm) <input type="checkbox"/> Advanced (8-12 mm)	Lower Right Quadrant	<input type="checkbox"/> Slight (4-5 mm) <input type="checkbox"/> Moderate (5-8 mm) <input type="checkbox"/> Advanced (8-12 mm)
Missing Teeth:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	<input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24

REASON FOR REFERRAL
Please provide a narrative to support reason for referral:

DOCUMENTS REQUIRED
Check (✓) to ensure the following required documents are attached: <input type="checkbox"/> Current and readable copy of full mouth radiographs <input type="checkbox"/> Current and readable copy of periodontal charting <input type="checkbox"/> Copy of general dentist treatment plan for patient

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.

