



## SPECIALIST REFERRAL FORM

<b>PROVIDER</b>	Patient Name      Last                      First                      MI				Relationship To Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Patient Birthdate	
	Member Name      Last                      First                      MI				Member ID#	Name of Group or Dental Program		Group #
	Member Mailing Address					City		State
	Referred by: _____ Provider Site #: _____							
<b>HEALTHPLEX</b>	<b>Tooth #, Letter, or Area</b>		<b>Services Requested</b>					<b>Healthplex Use Only</b>
<b>SPECIALIST</b>	Additional Information:							
	<b>I understand that only those services approved by Healthplex will be covered by my Dental Plan.</b> Signature of Patient: _____							
	Referral: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Date Reviewed: _____ Remarks: _____ _____ _____						<b>For Healthplex Use Only:</b>     	
	Referred to Dr.: _____ Specialty: _____ Address: _____ Telephone #: _____ Copayment: \$ _____ Referral Approval #: _____ <p style="text-align: center;"><i>Please Submit A Claim Form Referencing The Referral Approval # To Healthplex For Services Rendered.</i></p>							

**Referrals are not a guarantee of payment. Benefits are subject to eligibility & plan limitations at the time of actual treatment.**

### INSTRUCTIONS:

#### FOR NON-URGENT REFERRALS:

- GP completes 'PROVIDER' section and submits form to Healthplex for review via mail, fax to 516-228-5025, or email to referrals@Healthplex.com.
- Healthplex reviews the request and issues a determination via mail to the GP and member. Specialist will receive a copy if approved.
- If the referral is approved, the patient should make an appointment with the specialist.
- The specialist renders approved services and submits a claim to Healthplex.

#### FOR URGENT REFERRALS:

- GP completes 'PROVIDER' section and calls Healthplex for a referral approval number and copayment information (*to be placed in 'SPECIALIST' section*).
- The patient makes an appointment with the specialist and references the referral approval # given by Healthplex.
- The specialist renders approved services and submits a claim to Healthplex.

