

HEALTHPLEX SPECIALIST REFERRAL FORM

FAX to 516-228-5025

333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553-3608

P
R
O
V
I
D
E
R

PATIENT NAME: _____			RELATIONSHIP TO MEMBER: SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>			PATIENT BIRTHDATE: MO DAY YR		
---------------------	--	--	--	--	--	-------------------------------------	--	--

MEMBER NAME: LAST	FIRST	MI	MEMBER ID #	NAME OF GROUP DENTAL PROGRAM:	GROUP #:
-------------------	-------	----	-------------	-------------------------------	----------

MEMBER MAILING ADDRESS: _____			CITY	STATE:
-------------------------------	--	--	------	--------

REFERRED BY DR.: _____ PROVIDER SITE #: _____

TOOTH #, LETTER, OR AREA	SERVICES REQUESTED	HEALTHPLEX USE ONLY
	Root Canal Therapy	
Additional Information:		

I understand that only those services approved by Healthplex will be covered by my Dental Plan.

Signature of Patient: _____

H
E
A
L
T
H
P
L
E
X

Referral: Approved Denied Pending

Date Reviewed: _____ By _____

Remarks: _____

For Healthplex Use Only:

S
P
E
C
I
A
L
I
S
T

REFERRED TO DR.: Dr.Paryani, Dr.Darjani

ADDRESS: 237 Willis Avenue, Bronx, NY 10454

CO-PAYMENT: \$ _____

SPECIALTY: ENDODONTIST Site: **A7569**

TELEPHONE #: (718) 292-8988

REFERRAL APPROVAL #: _____

Please submit a claim form referencing the referral approval # to Healthplex for services rendered.

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

- INSTRUCTIONS:**
- FOR NON-EMERGENCY 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 EMERGENCY 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.

