



PINAL • COUNTY
Wide open opportunity

PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
DENTAL SERVICES UNDER THE AGE OF 21
PLEASE FAX ALL REQUESTS TO (520) 866-6717

Member Name: _____ ID# _____ DOB _____	
Medicare A <input type="checkbox"/> B <input type="checkbox"/>	Other Insurance _____
Name of Nursing Home/ALF _____	
EPSDT eligible member? Yes <input type="checkbox"/> No <input type="checkbox"/>	CRS eligible member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Provider Number: _____	
(AHCCCS# of Provider referred to)	
Service Provider Name: _____	
(Name of Provider referred to)	
Service Requested: _____	
Date of Service: _____	Appointment Time: _____
Diagnosis Code: _____	
Requested CPT Code: _____	Est. Cost: _____
URGENCY STATUS (see * for definitions of status):	
<input type="checkbox"/> Standard (Based on members conditions – Not to exceed 14 days)	
<input type="checkbox"/> Expedited – Urgent (within 3 days)	
A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonable expect the absence of immediate medical attention to result in: a) placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.	
Please answer the following questions:	
1. What is the diagnosis related to this request referral? _____	

2. Reason for referral? _____	

PCP/PCP Designee Signature/Phone # _____ Phone: _____	
Fax: _____	
PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records	
Please attach the following: (Mandatory)	
1. PCP order	
2. Physician progress notes, which describe dental condition.	
3. Documentation	

***Standard Authorization Request:** A request for which P/GLTC provides a decision as expeditiously as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request with a possible extension of up to 14 calendar days if the member or provider requests an extension of the P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.

***Expedited authorization Request:** A request for which P/GLTC provides a decision to the member as expeditiously as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request with a possible extension of up to 14 days if the member or provider requests an extension or if P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.