FAX to 516-228-5025

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

	PATIENT NAME:				RELATIONSHIP TO MEMBER: SELF SPOUSE CHILD OTHER			PATIENT BIRTHDATE: MO DAY YR		
P R O V I D E R	MEMBER NAME: LAST FIRST M			MI	MEMBER ID #	MEMBER ID # NAME OF GR		DUP DENTAL PROGRAM: GROUP #:		
	MEMBER MAILING ADDRESS:				I	CITY			STATE:	
	REFERRED BY DR.: PROVIDER SITE #:									
	OR AREA			SERVIO	/ICES 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 Y	Referral: Approved Denied Pending For Healthplex Use Only: Date Reviewed:By Remarks:						lse Only:			
						_				
S P E	REFERRED TO DR.: Dr. Paryani, Dr. Darjani SPECIALTY: ENDODONTIST A7								'588	
C I	ADDRESS: 130 Garth Road, Scarsdale, NY 10583				TELEPHO	TELEPHONE #: (914) 874-5757				
A L	CO-PAYMENT: \$ REFERRAL APPROVAL #:									
I S T	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 & RIGHT MAXILLARY an limitations at the time of actual treatment.								LEFT		
STRUCTIONS: OR 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. Constitutible services. ABCDE FIGHIU								8 9	5 16	

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- 2. 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:

- ${\sf GP\ completes\ 'PROVIDER'\ section\ and\ calls\ Healthplex\ for\ a\ referral\ approval\ number\ and}$ 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.

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