

**Steward Health Choice Arizona,
 Inc. Dental Specialty Referral
 Request Form**

Print Form

Mail to: Steward Health Choice Arizona, Inc.
 Dental Prior Authorization
 410 N. 44th Street, Suite 520, Phoenix, AZ 85008
 Fax to: 480-350-2217

Please print a copy of this form and
 Fax to 480-350-2217,
 Send it to

HCH.DentalDepartmentHCA@steward.org
 or

Print a copy of this form and attach required
 supporting documentation and mail to the address
 listed to the left.

Complete all Member Information

Member Name: Member ID #

Member Phone Number: Member Date of Birth:

Member Address:

Complete all Dental Provider Information

Requesting Dentist Name: Office Contact:

Office Phone Number: Office Fax Number: Provider ID #:

Office Address:

Services Requested

Refer member to:

Oral Surgeon (3rd molars, mail with x-rays and chart notes) Endodontist, for mail with x-rays and documentation of arch integrity (opposing tooth)

Periodontist, for mail with x-rays (FMX or pano), chart notes, and perio chart Other

Other Service Requested:

Reason for Referral:

Medical Alert/ Special Needs:

Steward Health Choice Arizona requires all non-contracted dentists to obtain a Prior Authorization before rendering treatment. Prior Authorization is not a guarantee of payment.

Notice to Patients and Providers: This referral is valid only when member is enrolled with Steward Health Choice Arizona at the time service is delivered. Membership can be confirmed anytime through Steward Health Choice Arizona. Referral is not valid if services do not commence within 30 days of date of referral. Unauthorized services, or services not specifically covered under this referral are not the responsibility of Steward Health Choice Arizona.