

Dental as Medical Prior Authorization Checklist



Prior authorization requests accepted from providers only.

Member/Patient Name _____

Documentation

Please check all that apply and include documentation:

Accidental trauma

Date of injury, if any: _____

Medical condition

Narratives, summaries, the dentist's note, and notes from any other treating provider

Treatment plan, including which teeth (#) to be treated

Submit the request

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Please fax this page and your completed Prior Authorization Request Form to the Health Services team. The Prior Authorization Request Form is available online at PacificSource.com/resources/documents-and-forms. Fax: **541-225-3625**.

Questions? Please call us toll-free at **888-624-6052**.

This is not an inclusive list. Additional information may be requested.