



- Click here for: SPECIALIST REFERRAL FORM
- Click here for DIRECT REFERRAL FORM
 - All States (except California)
- Click here for DIRECT REFERRAL FORM
 - California ONLY



SPECIALIST REFERRAL FORM

For multiple family members or multiple specialist requests, use a separate form for each specialty referral.

USE THIS FORM FOR:

☐ **Pediatric Dentistry***

*EXCEPT FOR CUSTOM PLANS: Please complete this form for members 8 years old and above. (7 years old and under, please use Direct Referral Form)

*FOR CUSTOM PLANS: Please refer to the member's Schedule of Benefits

☐ **Orthodontics**

This form required for California members only.
(In FL, NJ, NY & TX, please use the Direct Referral Form.)

USE DIRECT REFERRAL FORM FOR: Endodontics, Periodontics, Oral Surgery, and Pediatric Dentistry as described above.

Section 1: Member's Information

Patient Name		Date of Birth		Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Initial Visit	
Subscriber Name		Date of Birth		Social Security Number		Group ID	
Address		City		State		Zip	
Telephone		Home: ()		Work: ()			

Section 2: Referring Facility's Information

Name		Facility #		Provider #	
Address		City		State	
Zip		Telephone		()	

Section 3: Referred Contracted Specialist's Information

Name		Facility # (if available)		Provider # (if available)	
Address		City		State	
Zip		Telephone		()	

Section 4: Pediatric Dentistry

- Instructions: 1) If referral is due to any of the following Qualifying Medical Conditions (i.e. Down Syndrome, Deafness, Autism, Multiple Sclerosis, Cerebral Palsy, Mentally/Physically disadvantaged, or Baby Bottle Syndrome), please indicate the Qualifying Medical Condition(s) in the section below. No further documentation will be required.
- 2) If referral is due to any other medical condition(s), please indicate the medical condition(s) in the section below and submit chart notes and a completed medical history form with parent/guardian signatures.
- 3) If referral is due to any other reason(s), please indicate the reason(s) in the section below and submit chart notes. For uncooperative cases, one (1) documented attempt at treatment will be required.
- 4) All required documentation should be submitted with this request in order to complete the review process and avoid any delays.

Please check the applicable box below and provide the requested information

<input type="checkbox"/> Uncooperative – Attempt Date: _____	<input type="checkbox"/> Other reasons for referral, please describe: _____ _____ _____
<input type="checkbox"/> Qualifying Medical Condition(s): _____	
<input type="checkbox"/> Diagnosis (as per Referring Dentist): _____	

Section 5: Orthodontics (please check box below for Orthodontic Referral)

- ☐ As the Member's Selected General Dentist, I am requesting that this Member be referred to a SafeGuard contracted **Orthodontist**. Treatment should be provided according to the Member's SafeGuard dental plan.

Signature of Referring Dentist: _____

Date: _____

FOR STATE OF NEW JERSEY PLAN MEMBERS ONLY:

MAIL THIS FORM, CHART NOTES and ANY ATTACHMENTS TO:

MetLife Dental
PO Box 14749
Lexington, KY 40512

FOR ALL OTHERS PLAN MEMBERS:

MAIL THIS FORM, CHART NOTES and ANY ATTACHMENTS TO:

SafeGuard DHMO Claims
P.O. Box 981987
El Paso, TX 79998

For emergencies, call the Customer Service Center at (800) 880-1800

Managed Dental Care plans are available in California, Florida and Texas provided by a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. Managed Dental Care plans are available in Illinois through SafeGuard Health Plans, Inc., a Texas corporation. Managed Dental Care plans in New Jersey are provided by MetLife Health Plans, Inc. and Metropolitan Life Insurance Company. Managed Dental Care plans in New York are provided by Metropolitan Life Insurance Company. "Managed Dental Care" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organization" in Texas, "Limited Health Service Organizations" in Illinois, "Dental Plan Organizations" in New Jersey, and "Dental Managed Care Plan" in New York.



Metropolitan Life Insurance Company
MetLife Health Plans, Inc.
SafeGuard Health Plans, Inc.

Direct Referral Form

Florida, Texas, New Jersey, Pennsylvania, New York, Connecticut

Referring Dentist – In order to ensure proper communication, ALL information must be filled out accurately and completely. Appropriate radiographs should be placed in an envelope and forwarded to the specialists.

Referring Dentist Information

Facility Number: _____

Name: _____ Phone: _____

Specialist Information

Facility Number: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information

Family ID Number: _____

Patient Name: _____ DOB: _____

Subscriber Name: _____ Plan: _____

Clinical Information

Referral Type:

☐ Oral Surgery ☐ Endodontics ☐ Pedodontics ☐ Periodontics
☐ Orthodontics

Tooth Number / Area in Question: _____

Reason for Referral: _____

Referring Dentist Signature

Date

Managed Dental Care plans are available in California, Florida and Texas provided by a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. Managed Dental Care plans are available in Illinois through SafeGuard Health Plans, Inc., a Texas corporation. Managed Dental Care plans in New Jersey are provided by MetLife Health Plans, Inc. and Metropolitan Life Insurance Company. Managed Dental Care plans in New York are provided by Metropolitan Life Insurance Company. "Managed Dental Care" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organization" in Texas, "Limited Health Service Organizations" in Illinois, "Dental Plan Organizations" in New Jersey, and "Dental Managed Care Plan" in New York.

Rev. 11/2015



Direct Referral Form

California

Referring Dentist – In order to ensure proper communication, ALL information must be filled out accurately and completely. Appropriate radiographs should be placed in an envelope and forwarded to the specialists.

Referring Dentist Information

Facility Number: _____

Name: _____ Phone: _____

Specialist Information

Facility Number: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information

Family ID Number: _____

Patient Name: _____ DOB: _____

Subscriber Name: _____ Plan: _____

Clinical Information

Referral Type:

☐ Oral Surgery

☐ Endodontics

☐ Pedodontics

☐ Periodontics

Tooth Number / Area in Question: _____

Reason for Referral: _____

Referring Dentist Signature

Date

Managed Dental Care plans are available in California, Florida and Texas provided by a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. Managed Dental Care plans are available in Illinois through SafeGuard Health Plans, Inc., a Texas corporation. Managed Dental Care plans in New Jersey are provided by MetLife Health Plans, Inc. and Metropolitan Life Insurance Company. Managed Dental Care plans in New York are provided by Metropolitan Life Insurance Company. "Managed Dental Care" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organization" in Texas, "Limited Health Service Organizations" in Illinois, "Dental Plan Organizations" in New Jersey, and "Dental Managed Care Plan" in New York.