



Checklist

Dental as Medical

Prior authorization requests accepted from providers only.

Member/Patient Name _____

Checklist

Documentation of the following information:

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.

Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at PacificSource.com/aboutproviderintouch. You'll find the Preauthorization Request Form at: PacificSource.com/provider/preauthorization.aspx.

Questions? Please call us toll-free at (888) 691-8209 or (541) 684-5584.

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