

PRIOR AUTHORIZATION DENTAL REQUEST FORM (PA/DRF)

Providers may submit prior authorization (PA) requests by fax to Fresno PACE (855) 629-6635

SECTION I - PATIENT INFORMATION											
Patient Identification Number			Date	Date of Birth - Patient			Address - Patient (Street, City, State, ZIP+ Code)				
Name - Patient(Last, First, Middle Initial)				Gender - Patient							
					☐ Male	☐ Female					
SECTION II - PROVIDER INFORMATION											
Name and Address - Billing Provider (Street, City, State ZIP Code + 4)							Telephone Number - Billing Provider				
							Fax Number				
SECTION III - DIAGNOSIS / TREATMENT INFORMATION										Dental Diagram	
Place of Service										Check periodontal case type if	
□ Dental Office (POS "11") □ Outpatient Hospital (POS "22") □ Ambulatory Surgical Center (POS "24") □ Skilled Nursing Facility (POS "31") □ Other (specify): □ Other										applicable.	
							_		- □ II		
Area of Oral Cavity	Tooth	Procedure Code	Modifier	Desc	cription of S	Service		Quantity Requested	Charge		
								<u> </u>			
										Cross out missing teeth	
										Circle teeth to be extracted	
										FACIAL - COOLOR	
										6 7 8 9 10 11	
										3 C B LINGUAL 1 15 (0	
										Staple X-Rays Envelope Here The standard of t	
										PERN PERN PERN PERN PERN PERN PERN PERN	
										PERMANENT PRIMARY PRIMARY	
										LOWER	
										31 5 LINGUAL 18 0 0	
										28 20 21 0 21 0 21 0 21 0 21 0 21 0 21 0	
	<u> </u>	<u> </u>		<u> </u>				Total		- FACIAL	
An approval authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will Charges										IAOAL	
not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Pace payment methodology and policy.									ı	Number of X-rays Type of X-rays	
										1,500 01 / 10,50	
SIGNATURE - Rendering Provider								Date Signed			
Comments											