

Dental Treatment Pre-Authorization Form

Instructions: Please complete all sections. Attach supporting documents as needed.

Patient Information

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Contact Number	<input type="text"/>
Insurance ID/Policy #	<input type="text"/>
Group/Plan Name	<input type="text"/>

Provider Information

Dentist Name	<input type="text"/>
Practice Name	<input type="text"/>
Provider ID/License #	<input type="text"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>

Treatment Information

Diagnosis	<input type="text"/>
Procedure Code	<input type="text"/>
Description of Proposed Treatment	<input type="text"/>
Tooth/Area	<input type="text"/>
Estimated Fee	<input type="text"/>
Planned Date(s) of Service	<input type="text"/>
Medical Necessity/Supporting Notes	<input type="text"/>

Attachments

☐ Recent X-rays ☐ Clinical Charting ☐ Other:

Authorization & Signatures

Patient/Guardian Signature:

Date:

Dentist Signature:

Date:

This dental treatment pre-authorization form sample template streamlines the approval process by clearly outlining necessary procedure details and patient information. This template ensures accurate communication between dental providers and insurance companies, facilitating timely claims processing.