



Emergency Oral Surgery Specialty Care Attestation Form

At LIBERTY Dental Plan ("LIBERTY"), we are committed to accurate and efficient claims processing. **When Specialty Care was not pre-authorized and/or a referral was not obtained** by LIBERTY due to an emergency, please submit this attestation form with a dental ADA claim form and a periapical or panoramic radiograph for payment consideration. You may access a copy of the Emergency Oral Surgery Specialty Care Attestation at LIBERTY's Provider Resource Library.

SUBSCRIBER/PATIENT INFORMATION				
Date of Service:		Subscriber ID (SSN or ID#):		
Subscriber/Patient Name:		Patient DOB:		
PLEASE CHECK A BOX BELOW FOR TYPE OF EMERGENCY				
<input type="checkbox"/>	Abscess/Infection			
<input type="checkbox"/>	Severe Acute Pain			
<input type="checkbox"/>	Facial Trauma			
<input type="checkbox"/>	Bleeding			
<input type="checkbox"/>	Other			
Indicate quadrant(s) of emergent care:	<input type="checkbox"/> UL	<input type="checkbox"/> UR	<input type="checkbox"/> LL	<input type="checkbox"/> LR
TREATING DENTIST INFORMATION				
Name:		Phone Number:		
License Number:		NPI Number:		

I hereby attest that (a) the specialty care treatment performed without a pre-authorization was due to a dental emergency e.g. pain, swelling, bleeding, (b) I understand final claim payment is subject to clinical review.

Treating Dentist Signature: _____ Date: _____

You may submit the required attestation form with claim information in one of three ways:

ELECTRONICALLY (EDI):	PROVIDER PORTAL:
LIBERTY accepts electronic claims from providers through clearinghouses. LIBERTY's Payor ID is CX083. National Electronic Attachment, Inc. (NEA) is recommended for electronic attachment submission. For additional information regarding NEA and to register your office, please visit www.nea-fast.com , select FASTATTACH™, then select Providers.	https://providerportal@libertydentalplan.com
	MAIL:
	LIBERTY Dental Plan Attn: Claims Department P.O Box 401086 Las Vegas, NV 89140