



February 25, 2013

Announcement 569

## **Reminder to Provider Type 22 (Dental): Dental History Request Form**

The recipient's most recent Treatment Plan on file must be attached to the Dental History Request form (FA-26A) for any restorative service(s) requested. If this required information is not included with the request, the form will be returned to the provider as incomplete and it will need to be resubmitted.

Please validate with your records any routine services that have been performed in your office, such as, but not limited to, dental cleanings, visits and x-rays, prior to submitting the History Request form.

Also, ensure the form is complete, including the date of the recipient's last visit to your office, unless he or she is a new patient.

Be aware that some recipients in urban Clark and Washoe counties may transition from Fee for Service (FFS) to a Managed Care Organization (MCO) when determining a treatment plan.

If you have any questions regarding the form, please call HP Enterprise Services at (800) 525-2395.