



## **EPSDT Dental Referral Notification**

Date: \_\_\_\_\_

	Coverage by AmeriHealth First.	
PROVIDER	Provider identification	
	Provider name:	
	O AmeriHealth Caritas Pennsylvania O AmeriHealth Caritas Northeast	Plan-assigned provider ID number:
	Phone number:	
	Providers can submit up to five separate referrals at a time using this form.	
MEMBER	Member identification	
	Member name (first, middle, last):	
	O AmeriHealth Caritas Pennsylvania O AmeriHealth Caritas Northeast	Member ID number:
	Date of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit:	
	Does the member need assistance locating a dental provider?  O Yes O No	Does the member need assistance making an appointment?  O Yes  No
MEMBER	Member identification	
	Member name (first, middle, last):	
	○ AmeriHealth Caritas Pennsylvania ○ AmeriHealth Caritas Northeast	Member ID number:
	Date of EPSDT visit:	
	Does the member need assistance locating a dental provider?	Does the member need assistance making an appointment?
	○ Yes ○ No	○ Yes ○ No
	Manufaction (Cartin	
MEMBER	Member identification  Member name (first, middle, last):	
	○ AmeriHealth Caritas Pennsylvania ○ AmeriHealth Caritas Northeast	Member ID number:
	Date of EPSDT visit:	Pleniber ib number.
	Does the member need assistance locating a dental provider?	Does the member need assistance making an appointment?
	Yes No	Yes No
MEMBER	Member name (first middle last):	
	Member name (first, middle, last):	Member ID number:
	AmeriHealth Caritas Pennsylvania AmeriHealth Caritas Northeast	Member 10 number:
	Date of EPSDT visit:	
	Does the member need assistance locating a dental provider?  O Yes  No	Does the member need assistance making an appointment?  O Yes  No
MEMBER		
	Member identification	
	Member name (first, middle, last):	W 1 10 1
	○ AmeriHealth Caritas Pennsylvania ○ AmeriHealth Caritas Northeast	Member ID number:
	Date of EPSDT visit:	
	Does the member need assistance locating a dental provider?  Yes No	Does the member need assistance making an appointment?  Yes No
	Submitted by:	Phone number:

Fax the signed and completed form to **1-215-937-7314**. (Incomplete or illegible forms will be returned for correction.) If you have any questions or concerns, please call Provider Services at **1-800-521-6007** for AmeriHealth Caritas Pennsylvania or **1-888-208-7370** for AmeriHealth Caritas Northeast.