



3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112  
Phone: 405-717-8879 or 800-543-6044, ext. 8879  
Fax: 405-949-5459 or 405-949-5501

### TMD/TMJ REQUEST

**This form must be completed and accompany all requests. Incomplete forms will not be reviewed.**

Billing Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

TIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Network  Non-Network

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Member: \_\_\_\_\_ Member ID: \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

Request Summary and Services Codes: \_\_\_\_\_

**NOTE:** Physician letter of medical necessity or office notes can be used to document the above requested information.

**\*\* All information is required for review. Information provided is private and confidential. \*\***

**NOTE:** These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

**MEDICARE PATIENTS:** If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.

\*\*\*\*\* FOR HCMU USE ONLY \*\*\*\*\*

CERT MET  / PENALTY APPLIES

Start date: \_\_\_\_\_ Approved by: \_\_\_\_\_

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

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_