



**STATE OF OKLAHOMA
Oklahoma Health Care Authority
Dental Prior Authorization Attachment
Cover Sheet**

- Attachments
- Additional Documentation
- Photos
- X-Ray

Three fields below are required and must match the prior authorization request.

1. **Rendering Provider
SoonerCare ID Number**

2. **Member ID Number**

3. **Prior Authorization Number**

Purpose:

This form is to be used when a prior authorization request (PAR) requiring a paper attachment is being submitted. Submission of the completed forms along with the required attachments will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. Box 1; fill in the Rendering Provider SoonerCare ID Number.
2. Box 2; fill in the 9-digit Member ID Number.
3. Box 3; fill in the Prior Authorization Number.
 - a. **To submit additional documentation or attachments, enter the existing PAR number in box 3 to assure your documentation will be linked with the correct existing PAR.**
4. The Attachments box is to be checked when sending attachments.
5. The Additional Documentation box is to be checked when submitting additional documentation to be added to an existing PAR. Enter the PAR number in box 3 above so your documentation will be linked with the correct existing PAR.
6. The Photos box is to be checked when submitting photos for review.
Mail to: DXC/Dental Authorization; P.O. Box 548804, Oklahoma City, OK. 73154
7. The X-Ray box is to be checked when submitting X-Rays for review.
Mail to: DXC/Dental Authorization; P.O. Box 548804, Oklahoma City, OK. 73154

This form is for use with Dental Prior Authorization requests requiring attachments.

Sender's Name: _____ **Phone Number:** _____