DentaQuest

TX Interim Care Transfer Form*

*** To be used when a Main Dental Home Assigned Provider (Main Dentist) is temporarily transferring their patient to another Main Dental Home Dentist (General or Pediatric Dentist ONLY) at another location for temporary care for a 90 day period only**

THIS FORM MUST BE SENT VIA FAX: 888-261-1736

Date:

MAIN DENTAL HOME ASSIGNED PROVIDER INFORMATION
(Your Information)

To submit you MUST be the Members Main Dental Home Assigned Provider

First Name:	Last Name:	Main Dental Home Provider NPI #:	Main Dental Home Provider Service Office Location:

Address:	City:	State:	Zip Code:	Area Code & Phone Number:

MEMBER INFORMATION
Member must be assigned to you as their Main Dental Home Provider

☐ **Medicaid** ☐ **CHIP**

First Name:	Last Name:	DOB:	Member ID:

Address:	City:	State:	Zip Code:	Area Code & Phone Number:

Transfer Care Dentist Type:
Specialists (Other than Pediatric Dentists) Do Not Require an Interim Care Transfer Request To Perform Services

☐ **General Practitioner** ☒ **Pediatric Dentist**

TRANSFER CARE PROVIDER INFORMATION
All information in this area must be completed and request MUST include the Provider's Full Name and Service Office - ICT will not be processed with Service Office Information only

Transfer Care Provider First Name:	Transfer Care Provider Last Name:	NPI #:	Transfer Care Provider Service Office Location Name:
Mitra	Pandya	1861665788	Children 1st Dental & Surgery Center

Address:	City:	State:	Zip Code:	Area Code & Phone Number:
8545 Gulf Freeway	Houston	TX	77017	713-944-7700

DESCRIPTION/REASON FOR INTERIM CARE TRANSFER
Reason for request is required

Tooth #:	Description of Request:
	D0140 - Limited Oral Evaluation