



KID CARE CHIP DENTIST REQUEST FORM

MEDICAL NECESSITY BENEFIT

Date:	
Child's Name:	
Date of Birth:	Child's Delta Dental ID Number:
Parent/Legal Guardian Name:	
Address, City, Zip:	
Phone Number(s): (H)	(C):
Dentist's Name:	
Dentist's Signature:	
Dentist's Address:	
Reason for Request:	

The Kid Care CHIP Medical Necessity benefit is designed to cover those children who have a need for services in excess of the \$1,000 coverage provided under the existing program.

Medical Necessity will be determined by the Dental Consultant at Delta Dental of Wyoming. Not all services submitted for pre-authorization will be approved.

For the case to be evaluated for coverage, the General or Pediatric Dentist must send this request form, any appropriate x-rays and a narrative explanation of their findings to warrant treatment as Medically Necessary to Delta Dental of Wyoming.

If you have questions regarding this form, please contact:

Delta Dental of Wyoming: 1-800-735-3379 Kid Care CHIP: 1-877-543-7669