



## Completion Instructions

Patient Information and Referral Information Fields must be completed by the servicing overseas dental treatment facility/overseas lead agent. Sponsor/Family Member Certification Fields must be completed by sponsor/enrolled family member. In case of a family member under the age of 18, the parent or guardian must sign on their behalf. If the form is being faxed/mailed to a sponsor/family member, the Government representative completing the form must first explain the certifications to the sponsor/family member and initial/date this form where appropriate.

- 1) **Patient's Name:** Enter the last name, first name, and middle initial of the person being treated. Be sure to write the name as it appears on the Uniformed Service ID card.
- 2) **Date of Birth:** Enter the number of the month, day, and year of the family member's birth.
- 3) **Sex:** Check the appropriate box.
- 4) **Relationship:** Check the appropriate box.
- 5) **Sponsor's Name:** Enter the last name, first name, and middle initial of the sponsor, as it appears on the Uniformed Service ID card.
- 6) **Sponsor's Social Security Number:** Enter the sponsor's nine-digit Social Security Number.
- 7) **Patient's Address:** Enter the home mailing address of the family member seeking dental treatment. Be sure to provide the complete address (APO/FPO or street, city, postal mailing code) including country.
- 8) **Referring Overseas Dental Treatment Facility/Overseas Lead Agent:** Enter the name of the overseas Dental Treatment Facility/Overseas Lead Agent and the country where the referral will take place.
- 9) **Primary Reason for Referral:** Check the appropriate box.
- 10) **Referred Service:** Provide a detailed description of the service for which the patient is being referred. Ensure referrals are made for specific care and include the applicable CDT-2 code(s), tooth number(s) and procedure name.
- 11) **Remarks:** Include any additional pertinent information. For orthodontic service, include the provider's proposed orthodontic treatment plan. (If additional space is required, please continue on a separate sheet of paper.) Please provide treatment plans and progress notes in English.
- 12) **Name and Title:** Type or print the name and title of the person issuing the referral form.
- 13) **Approval Signature:** Enter the signature of the person issuing the referral form.
- 14) **Date of issuance:** Enter the date the referral form is provided to the family member.
- 15) **Sponsor/Family Member Certification:** This area must be completed, signed, and dated by the sponsor/family member.
- 16) **Referring Party Confirmation:** If this form is being faxed/mailed to a sponsor/family member, the Government representative completing the form must initial and date the form **after** explaining the certification in **Field 15** to the sponsor/family member.
- 17) **ODTF/Overseas Lead Agent Tracking Number:** For use by the Overseas Dental Treatment Facility/Overseas Lead Agent.

Submit this referral form and the completed claim form to the following address:

United Concordia  
TFMDP OCONUS Dental Unit  
PO Box 898238  
Camp Hill, PA 17089-8238  
USA