

RYAN WHITE PART A ORAL HEALTH CARE FORMULARY
REVIEW REQUEST FORM

Date of Request: _____

Request for (check one):

___ Addition ___ Deletion

<u>FOR OSBM USE ONLY</u>	
_____	Date Request Received
_____	Date of Dental Panel Review
_____	Date of Medical Care Subcommittee Review
_____	Date of Care & Treatment Cmte. Approval
_____	Date of Full Partnership Approval

- (1) Current Dental Terminology (CDT) code and description of dental procedure:

- (2) Please list other procedures currently in the Part A Oral Health Care Formulary which are considered similar to the proposed addition/deletion.

- (3) Should there be any restrictions on the use/availability of this procedure? Yes No N/A
If yes, please explain. _____

- (4) Please indicate your reason for this request:
 New dental procedure available
 Dental procedure no longer used
 Change in dental code – The replacement code is _____
 Other (specify): _____
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)

- (6) I understand that this request will be considered at the next meeting of the Ryan White Part A Dental Panel, which meets as needed.

Print Name: _____
Phone/Pager: _____
Dental Clinic Site: _____

(Dentist's signature)

(Dentist's License #)

Please forward this request to:

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Ryan White Part A Program
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