

Utah Office for Victims of Crime  
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## Dental Treatment Request Form Petición para Tratamiento Dental

**\*PLEASE SUBMIT THIS LETTER TO YOUR DENTAL PROVIDER\***

**\*PRESENTE ESTA CARTA A SU DENTISTA\***

Patient's Name \_\_\_\_\_ Claim No. \_\_\_\_\_

This office will only cover a Comprehensive or Limited Evaluation with essential x-rays without a preauthorization request.

Dear Provider,

- You **MUST** submit a preauthorization request, with a written explanation of how treatment directly relates the patient's injuries from the crime. Explanation must also include pre-existing missing teeth or issues and percentage of crime related exacerbation of pre-existing conditions.
- Treatment is defined as a **Dental Accident**. Any insurance or other applicable source of payment (including Medicaid & medical insurance) must be considered prior to billing UOVC.
- If requesting preauthorization for dental implant(s), you must submit an alternative treatment plan with a written explanation as to why the dental implant(s) should be considered over the alternative treatment plan. Any implant request will be denied without this requested information.
- Only when treatment is complete, bill on ADA Dental Claim Form.

When submitting your request, keep in mind that we will only consider the cost of treatment for dental injuries directly related to the patient's crime injuries. The patient may have additional dental concerns, which we may not be able to cover. Any additional dental expense will be the patient's responsibility.

If there are any questions or concerns, please call our office.