

23233106203

**NOTICE OF AUTHORIZATION**

AUTHORIZATION FOR SERVICE 9

RE-EVALUATION IS REQUESTED  YES

FROM: DENIED ON  
 TO: 09/08/23

PAGE 1 OF 1



1. MEMBER NAME (LAST, FIRST, M.I.)			3. SEX M F		4. MEMBER BIRTHDATE MO DAY YR			5. MEMBER MEDI-CAL ID. N		
9. RADIOGRAPHS ATTACHED HOW MANY? <input type="checkbox"/>		10. OTHER ATTACHMENTS <input type="checkbox"/>		11. ACCIDENT/INJURY EMPLOYMENT RELATED? <input type="checkbox"/>		13. OTHER DENTAL COVERAGE <input type="checkbox"/>		7. MEMBER DENTAL RECORD NO. ME220		

1548481211						23. BIC Issue Date: _____					
EVC #: _____											

41. DELTY	26. TOOTH NO. OR LETTER ARCH	27. SURFACES	28. DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHY, AXIS, MATERIALS USED, ETC.)	29. DATE SERVICE PERFORMED	30. QUANTITY	31. PROCEDURE NUMBER	32. FEE	42. ALLOWANCE	43. ADJ. REASON CODE	33. RENDERING PROVIDER NO.
			1 ORTHO BANDING-ADOLSC	XX/XX/XX	01	D8080	1000.00	0.00	207	
			2 MONTHLY TRMT VISITS	XX/XX/XX	08	D8670	2000.00	0.00	269C	
	U		3 ORTHO RETENTION	XX/XX/XX	01	D8680	500.00	0.00	269C	
	L		4 ORTHO RETENTION	XX/XX/XX	01	D8680	500.00	0.00	269C	
			5 COMPLETE SERIES	XX/XX/XX	01	D0210	100.00	0.00	269C	
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44. DATE PROSTHESIS ORDERED							• WHEN APPLICABLE, ALL SERVICES SUBMITTED FOR MEMBERS UNDER 21 YEARS OF AGE HAVE BEEN EVALUATED FOR EPSDT CRITERIA.				35. TOTAL FEE CHARGED		4100.00	
43. PROSTHESIS LINE ITEM							• ADJUDICATION REASON CODES - SEE PROVIDER HANDBOOK.				46. TOTAL ALLOWANCE		0.00	
34. COMMENTS							• AUTHORIZATION DOES NOT GUARANTEE PAYMENT SUBJECT TO MEMBER ELIGIBILITY				36. MEMBER SHARE-OF-COST AMOUNT			
PAYMENT REQUEST MUST HAVE RENDERING PROV ID							• AUTHORIZED ALLOWANCE MAY BE SUBJECT TO SHARE OF COST OR OTHER COVERAGE DEDUCTIONS.				37. OTHER COVERAGE AMOUNT			
							• USE COLUMN 41 TO DELETE SERVICES AUTHORIZE BUT NOT PERFORMED				38. DATE BILLED			

**NOTICE OF AUTHORIZATION**

- FILL IN SHADED AREA AS APPLICABLE
- SIGN AND RETURN FOR PAYMENT
- MULTIPLE - PAGE NOAs MUST BE RETURNED TOGETHER FOR PAYMENT OR RE-EVALUATION

39. TREATMENT COMPLETED - PAYMENT REQUESTED

THIS IS TO CERTIFY THAT THE INFORMATION CONTAINED ABOVE AND ANY ATTACHMENTS PROVIDED IS TRUE, ACCURATE AND COMPLETE AND THAT THE PROVIDER HAS READ, UNDERSTANDS AND AGREES TO BE BOUND BY AND COMPLY WITH THE STATEMENTS AND CONDITIONS CONTAINED ON THE BACK OF THIS FORM.

**X** \_\_\_\_\_  
 ORIGINAL SIGNATURE REQUIRED DATE

SIGNATURE OF PROVIDER OR PERSON AUTHORIZED BY PROVIDER TO BIND PROVIDER BY ABOVE SIGNATURE TO STATEMENTS AND CONDITIONS CONTAINED ON THIS FORM.

**SIGN ONE COPY AND SEND IT TO MEDI-CAL DENTAL - RETAIN THE OTHER FOR YOUR RECORDS.**

**NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO MEMBER'S ELIGIBILITY AT THE TIME SERVICE IS RENDERED.**



Pages

- 1. Chief Complaint
- 2. Teeth and Bite
- 3. Jaw, Mouth and Throat
- 4. Dental Condition
- 5. Treatment
- 6. HLD Form

HLD Form

New Exam

Revise Exam

History

AUTOMATIC QUALIFYING CONDITIONS - Check if apply. If any are checked, score no further.

- 1. Cleft palate deformity.
- 2. Cranio-facial anomaly.
- 3. Deep impinging overbite when lower incisors are destroying soft tissue of the palate.
- 4. Crossbite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present.
- 5. Severe traumatic deviation. Click "Notes" to describe the condition.  Notes
- 6A. Overjet greater than 9mm or mandibular protrusion greater than 3.5mm.

THE REMAINING CONDITIONS MUST SCORE 26 OR MORE TO QUALIFY

- 6B. Overjet equal to or less than 9mm.
- 7. Overbite in mm.
- 8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm.  x 5 = 0
- 9. Open bite in mm.  x 4 = 0

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE SAME ARCH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT COUNT BOTH CONDITIONS.

- 10. Ectopic eruption tooth numbers (comma separated) excluding molars.  x 3 = 0
- 11. Anterior crowding (check each arch where the insufficiency exceeds 3.5 mm).  Maxilla  Mandible x 5 = 0
- 12. Labio-Lingual spread in mm.
- 13. Posterior unilateral crossbite (must involve 2+ adjacent teeth, one must be molar).  Yes x 4 = 0

EARLY PERIOD SCREENING, DIAGNOSIS AND TREATMENT - SUPPLEMENTAL SERVICES

- ESPDT-SS Exception
- ESPDD-SS Documentation

Print HLD

COMPLETION OF FORM

- Study model needed
- Panorex needed
- HLD form completed

HLD Score:

4

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>WESTERN DENTAL SERVICES, INC.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instruction) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to contracts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 51022	Requester's name and address (optional)
6 City, state, and ZIP code LOS ANGELES, CA 90051-5322	
7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																														
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">OR</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;">0</td> <td style="width: 25px; height: 25px;">0</td> <td style="width: 25px; height: 25px;">6</td> <td style="width: 25px; height: 25px;">5</td> <td style="width: 25px; height: 25px;">8</td> <td style="width: 25px; height: 25px;">9</td> </tr> </table>	Social security number																		OR									Employer identification number									3	3		0	0	6	5	8	9
Social security number																																														
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3	3		0	0	6	5	8	9																																						

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ <b>SEPT 2023</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*