



# TRICARE ACTIVE DUTY DENTAL PROGRAM

UNITED CONCORDIA®

## Referral Request

*Fields with asterisks (\*) are required*

Date: \_\_\_\_\_ \*DTF Point of Contact Name: \_\_\_\_\_

\*Dental Treatment Facility Name/Number: \_\_\_\_\_

\*DTF Point of Contact Email: \_\_\_\_\_ DTF Point of Contact Phone: \_\_\_\_\_

\*Requesting Military Dentist's Name: \_\_\_\_\_ DTF Point of Contact Fax: \_\_\_\_\_

\*Current Dental Readiness Classification:            3 - Not Deployable    2 - Deployable    1 - Deployable

\*Expected Dental Readiness Classification:            3 - Not Deployable    2 - Deployable    1 - Deployable

Oral Health Care Initiative:            Yes            No

\*Referred Services (Please enter at least one service line and include either tooth number **or** tooth range.)

Procedure: \_\_\_\_\_ Procedure Code \_\_\_\_\_ Tooth # \_\_\_\_\_ Tooth Range \_\_\_\_\_ Tooth Surfaces \_\_\_\_\_

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Notes:

### Appointment Information

\*Social Security Number: \_\_\_\_\_ \*Member Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Member Rank: \_\_\_\_\_

\*Member Branch of Service: \_\_\_\_\_

\*Member Address: \_\_\_\_\_

Member Email: \_\_\_\_\_ Member Phone: \_\_\_\_\_ *\*Either email or phone is required*

Member Fax: \_\_\_\_\_ Contact Preference: \_\_\_\_\_

\*Who will be responsible for scheduling the appointment? (Select one)    United Concordia    Service Member    DTF

*If you have a provider preference, please enter the information below:*

Provider Name: \_\_\_\_\_ Specialist: Yes    No

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

DTF Orthodontic Referral for Active Duty Dental Program (ADDP)

<b>Service Member Information</b>	
Full Name:	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> National Guard
SSN:	Service:
Expected Months of Orthodontic Treatment:	
Time Left in Service (in Months):	
Projected PCS date:	
Will orthodontics, surgery/prosthetics be completed in their entirety at this duty station? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Brief narrative of condition and proposed treatment:**

Is the orthodontics to support: **[Please check one]**

- Orthognathic surgery
- Medical/surgical care of traumatic injuries
- Prosthetic procedures

**[If none applicable, the case will most likely be denied]**

If orthognathic surgery, please provide the name/rank and phone number of the military OMFS and MTF surgery location:

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If prosthetic case, has case been reviewed by a military prosthodontist or implant board? **[Prosthetic treatment plan and diagnostic quality panorex/full mouth series should be included.]**

- Yes  No  N/A

Does this case meet **ALL** Orthodontic requirements detailed in your Services Orthodontic instructions?

- Yes  No

The Service Member has been counseled that changes in eligibility (leaving Active Duty) before orthodontics are completed will result in the individual paying for the completion of treatment and not the government?

- Yes  No

Has a command endorsement been obtained indicating Command knowledge of member's non-deployability? **[For Coast Guard, please forward PSC letter]**

- Yes  No

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Signature of Referring Dentist  
(Please print name, rank and specialty)

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Date

**Instructions for when a Dental Treatment Facility (DTF) identifies a need to refer an Active Duty Service Member (ADSM) for civilian orthodontic care**

1) DTF completes the attached DTF Orthodontic Referral and UCCI DTF Referral Request form  
<https://secure.addp-ucci.com/ddpddw/govt/forms.xhtml>

2) ADDP referral requests should include: clinical findings, a tentative treatment plan, supporting radiographs and photos, copies of the last 2 dental exams, and a signed command endorsement from the patient's commanding officer acknowledging the intended length of treatment. Orthognathic cases must be first screened and accepted by a military Oral Maxillofacial surgeon and their treatment plan should also be included. Full reconstruction prosthodontic cases must be screened by a military prosthodontist and their recommendations and treatment plan should accompany the referral request. Cases not conforming to these guidelines will be denied for coverage.

3) DTF forwards completed forms to their Service Headquarters/Orthodontic Consultant as noted below:

Air Force: LT COL Jeremy Scarpate  
Email: [jeremy.f.scarpate@mail.mil](mailto:jeremy.f.scarpate@mail.mil)  
Phone: 210-292-9038

Army: LTC Kevyn R. Wetzel  
E mail: [Kevyn.r.wetzel.mil@mail.mil](mailto:Kevyn.r.wetzel.mil@mail.mil)  
Phone: 314-636-9201/9801 Office (DSN)

Coast Guard: CAPT Scott W. Brown  
Email: [Scott.W.Brown@uscg.mil](mailto:Scott.W.Brown@uscg.mil)  
Phone: 757-628-4335  
Fax 757-628-4337  
NOTE: CG personnel must submit an orthodontic waiver packet to the CG Personnel Services Center (PSC-epm/opm) via CG Health, Safety, & Work-Life Service Center (HSWL SC) command Dental Officer and receive a PSC approval letter before initiating an ADDP orthodontic request.

Navy/Marines: CDR William Anderson  
Email: [William.M.Anderson104.mil@mail.mil](mailto:William.M.Anderson104.mil@mail.mil)  
Phone: (301) 295-0400  
NOTE: Navy and Marine Corps personnel must submit NAVMED 6630/8, Commander's Concurrence Form, with all ADDP orthodontic requests.

4) The Service Consultant will:

a) Review the 2 forms submitted by the DTF and approve the referral, disapprove the referral or request additional information. If approving, the Service Consultant should ensure the civilian orthodontic office is a participating provider by checking FIND A DENTIST at: <https://secure.addp-ucci.com/ddpddw/govt/find-a-dentist.xhtml> The Service Consultant should also ensure the member's End of Eligibility and Time Remaining at Duty Station will allow the completion of care prior to release from active duty or transfer.

b) The Service Consultant will notify the DTF Point of Contact of the decision.

5) If approved, the Service Consultant will scan and securely email the approved DTF Referral Request to UCCI at [addpdef@ucci.com](mailto:addpdef@ucci.com). The UCCI Dental Care Finder will then initiate the scheduling of the appointment. A confirmation email from UCCI will be forwarded to the service member, the DTF POC, and the Service Consultant.

6) If disapproved, the DTF may appeal through their respective Dental Chain of Command.