MaineCare Services
An Office of the
Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Prior Authorization Unit
11 State House Station
Augusta, Maine 04333-0011
Toll Free (866) 796-2463; Fax: (866) 598-3963

Orthodontia Prior Authorization/Claim Pro-Rate Request Form

[**Provider**, fill out & submit this form if a MaineCare member's orthodontic treatment plan has NOT been completed and therefore a portion of the reimbursement amount must be returned to DHHS-MaineCare]

Original PA #:_____

Please complete all of the following:

Basic Information

1. Provider Name: _____
2. Provider Address:_____
3. Provider Phone:_____
4. Pay-To NPI:_____
5. Member's Full Name:_____
6. Member ID #:_____
7. Claim #:_____
8. Remittance Advice Date:_____

Treatment Rendered Information

1. Treatment Start Date/First Day of Service:_____
2. Treatment End Date/Last Day of Service:_____
3. Amount of Payment Received:_____
4. # Months of Treatment Completed:_____
5. # Months of Anticipated Treatment Remaining:_____
6. Reason(s) for Terminating Service:_____
7. Treatment completed: **(please check appropriate boxes below)**

   ☐ Orthodontic Bands placed
   ☐ Orthodontic Brackets placed
   ☐ Appliance(s) – please specify type(s): _____
   ☐ Delivered ☐ Not Delivered but received from lab
   ☐ Deband/Debond

8. Please provide any additional information/treatment rendered: _____
   _____
   _____

Provider's Signature:_____ **Date:**_____

Print Provider's Name:_____

Thank you!

Please submit via the Portal or Fax completed request form to (866) 598-3963

FOR OFFICE USE ONLY:

Manually Priced Paid Amount: $_____ **PA Unit Processor:** _____ **Date:** _____

Date PA Unit sent to Claims Adjuster for processing:_____ **Claims Adjuster APPROVED by:**_____ **Claims Adjuster DENIED by:**_____