



Client Eligibility, Claim History and Adult Remaining Maximum Request Form

Be sure to make copies of this form. Multiple copies of the form can be sent to CTDHP.

CTDHP FAX: 860-674-8174 CTDHP Number: 855-283-3682

Date:	Dental Office Name:	NPI:	Phone#:	Fax#:
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Dental Provider to Complete Below

CTDHP to Complete and Return

Name	Client ID or SSN#	Date of Birth	Planned DOS	Eligibility Plan & Verification Code & Adult Remaining Benefit Max.	Claim History Specific ADA CDT Codes	

Date Received: _____ **Date / Time Completed and Faxed:** _____ **MSR:** _____