

Fax



To:	UnitedHealthcare Dental TX Children's Medicaid and CHIP Services	From:	
Fax:	866-887-4649	Pages:	
Return Fax:		Date	
Re:		cc:	

PROVIDER: To ensure accurate processing, indicate the member's insurance plan and authorization priority below.

CHIP → Urgent Request OR Standard Request

Children's Medicaid → Urgent Request OR Standard Request

NOTE: Requests that are incomplete or do not meet the requirements, will be returned unprocessed.

Comments: