



# Superior Dental Care Alternate Caller Authorization

In order to maintain HIPAA compliance and protect our members' PHI, Superior Dental Care (SDC) requires written authorization to accommodate dental benefit related inquires for all callers not contacting SDC using the dental office phone numbers on file.

To authorize callers outside of the office, please complete the form below and return by fax to **937-291-8695**.

## Office Information

Tax ID#: \_\_\_\_\_  
Dental Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## If Authorizing a Third Party

We confirm that the office named above has a business associate agreement with:

Business Name: \_\_\_\_\_  
and we authorize Superior Dental Care to release information to them on our behalf.

## If Authorizing a Remote Worker

We confirm that the office named above uses the following remote worker(s):

Employee Name(s): \_\_\_\_\_  
and we authorize Superior Dental Care to release information to them on our behalf.

## Authorized Office Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_ Title: \_\_\_\_\_