



# Superior Dental Care Third Party Authorization

In order to maintain HIPAA compliance and protect our members' PHI, Superior Dental Care (SDC) requires written authorization to accommodate dental benefit and claims-related inquires for all contracted third parties.

To authorize third party callers, 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.

### Authorized Office Representative

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

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

**IMPORTANT:** This form must be completed and signed by an authorized representative of the dental office. The signer may **not** be the party or parties being authorized above.