

UPMC *for You*

Affiliate of UPMC Health Plan

Dental Referral Fax Form CONNECT Referral: Communication to UPMC *for You* Fax Form

Provider Number:

Provider Phone Number:

Provider Site Name:

Member ID	Enrollee's Name Last, First	Date of EPSDT	Dental Referral	If Referral Given, Name of Dentist	Dental Date (if scheduled)	CONNECT Referral Made

Please fax to UPMC *for You* EPSDT Department at fax number 412-454-7552
or contact UPMC *for You* EPSDT Department at 1-866-463-1462.

If you have additional questions, contact our Provider Advocates at 1-866-918-1595.