

EIP Client Services Dental Waiver

This form can be used if an EIP eligible client cannot be seen by a dental provider that accepts their primary insurance, including Medicare/Medicaid. Upon approval, payment is still subject to all general conditions of the Early Intervention Program, including current member eligibility, insurance, and program restrictions.

Upon approval, the waiver is valid for one year from the start date. Please resubmit in 11 months to ensure there are no gaps in coverage for the client. Provider must be EIP contracted.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED FOR CONSIDERATION.

Client Information:

Client Name	
Client EIP Number	
Client Date of Birth	

Case Manager Information:

Case Manager Name	
Case Manager Email	

Have you attempted to make an appointment with a local Dental Provider that accepts the client’s primary insurance within the last 2 weeks for this client? YES NO ***If yes, how many Providers?*** _____

Were any of the Provider’s accepting new clients? YES NO
If yes, when is the soonest available appointment? _____

Were any of the Provider’s utilizing a waitlist for their clients? YES NO
If yes, how long is the waiting list projected to last? _____

Is the client in need of services not covered by Medicare/Medicaid? YES NO

EIP Contracted Provider of choice: (**Please include the Tax ID.** This can be obtained by asking the provider.) _____

If there is a Medicaid provider available (for Medicaid covered services) and an extenuating circumstance requires the client to utilize an EIP provider, please submit additional documentation stating why the client cannot utilize a Medicare/Medicaid Dental Health Provider.

Case Manager Signature: _____ **Date:** _____

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Case Managers can upload completed waivers to Provide as a scan, document type *claim*, and send an email notification to EIP.ClaimsPayments@doh.wa.gov for review.

Department of Health, Client Services
PO BOX 47841 Olympia, WA 98504
Fax: 360-664-2216

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).