

# A INSURER REQUEST FOR EXTENSION OF TIME TO OBTAIN 2<sup>ND</sup> DENTIAL OPINION

PLEASE PRINT OR TYPE

Name of Claimant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_

Date of Injury \_\_\_\_\_

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Name of Person Requesting Extension \_\_\_\_\_

Date of Initial Dental Evaluation \_\_\_\_\_

Anticipated Date to Locate Dentist for 2<sup>nd</sup> Opinion \_\_\_\_\_  
(Up to 10 additional days will be considered reasonable)

Is Injury or Treatment a Medical Emergency \_\_\_\_\_

Extension of Time Granted \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Industrial Accidents Staff Person

\_\_\_\_\_  
Date



**Official Form 198** Revised 10/14

**State of Utah \* Labor Commission \* Division of Industrial Accidents**

160 East 300 South \* P.O. Box 146610 Salt Lake City, UT 84114-6610 \* Telephone: 801-530-6800

Fax: 801-530-6804 \* Toll Free: (800) 530-5090 \* [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov)

**Labor Commission. Industrial Accidents.**

**R612-300. Workers' Compensation Rules – Medical Care.**

**R612-300-5 (H). Dental Injuries.**

1. Initial Treatment.

a. If an employer maintains a medical staff or designates a company doctor, an employee requiring treatment for a workplace dental injury shall report to such medical staff or doctor and follow their directions for obtaining the necessary dental treatment.

b. If an employer does not maintain a medical staff or designate a company doctor, or if such medical staff or doctor is unavailable, the injured workers may obtain the necessary dental care from a dentist of his or her choice. The payor shall pay the dentist at 70% of UCR for services rendered.

2. Subsequent treatment.

a. If additional dental care is necessary, the dentist who provided initial treatment may submit to the payor a request for authorization to continue treatment. The transmission date of the request must be verifiable. The request itself must include a description of the injury, the additional treatment required, and the fee to be charged for the additional treatment.

i. The payor shall respond to the request for authorization within 10 working days of the request's transmission. This 10-day period can be extended with written approval of the Director of the Industrial Accidents Division.

ii. If the payor does not respond to the dentist's request for authorization within 10 working days, the dentist may proceed with treatment and the payor shall pay the cost of treatment as contained in the request for authorization.

iii. If the payor approves the proposed treatment, the payor shall send written authorization to the dentist and injured worker. This authorization shall include the amount the payor agrees to pay for the treatment. If the dentist accepts the payor's payment offer, the dentist may proceed to provide the approved services and shall be paid the agreed upon amount.

iv. If the dentist proceeds with treatment without authorization, the dentist's fee is limited to 70% of UCR.

b. If the dentist who provided initial treatment is unwilling to provide subsequent treatment under the terms outlined in subsection 1.a., above, the payor shall within 20 calendar days direct the injured worker to a dentist located within a reasonable travel distance who will accept the payor's payment offer.

i. If, after receiving notice that the payor has arranged for the services of a dentist, the injured worker chooses to obtain treatment from a different dentist, the payor shall only be liable for payment at 70% UCE. The treating dentist may bill the injured worker for the difference between the dentist's charges and the amount paid by the insurer.

c. If the payor is unable to locate another dentist to provide the necessary services, the payor shall attempt to negotiate a satisfactory reimbursement with the dentist who provided initial treatment.