



SAN ANTONIO DENTAL TEAM

MCNA Referral Guide

1. Log in to your MCNA account
2. Under “Manage Your Subscribers” click “Enter a Referral:
3. Use the image at right to fill out and submit the referral
4. Make sure to fill our and send us your San Antonio Dental Team Referral Form as well!

Subscriber Information

Enter the Subscriber's Date of Birth, and at least either the Subscriber ID or Last Name. Then click the **Verify Subscriber** button to enable the remainder of this claim form.

Date of Birth: ✓

Subscriber ID: ✓

Last Name: ✓

First Name: ✓

Zip Code: ✓

Verify Subscriber

If you need to confirm this subscriber's current eligibility or view this subscriber's treatment history, [click here](#).

Provider Information

Patient's Assigned Provider*

Treating Provider: *

Specialty Request: *

Referred Provider:

Keep Blank!

Select ANESTHESIOLOGY

Additional Information

EPSDT Procedure: Check only if Yes

NEA Fast-Attach #:

Remarks:

Type in this small narrative

List of Services Provided

The CDT Code is **required** as identified by a red header and asterisk. The remaining fields must be filled in only if applicable to the procedure. Multiple Tooth Numbers and Areas must be separated by commas, however, Surfaces must not include commas.

Enter each line item and then click the green **Add Additional Procedure** button to add another procedure. If an error occurs, you can click on the **Remove** link to remove the procedure.

CDT Code *	Procedure Description	Area or Tooth Numbers/Letters	Tooth Surface	
0140	LIMITED ORAL EVALUATION	<input type="text"/>	<input type="text"/>	Remove
<input type="button" value="+ Add Additional Procedure"/>				

Enter CDT Code 0140

Leave Blank

Sign and Submit

Please note that by submitting the referral you are certifying that you are the rendering provider and you are submitting this online document on behalf of the rendering provider as of this date.

At least one procedure must be entered.

Click Submit Referral