



SDC: 1-800-801-4915
 Medical Mutual: 1-866-336-8251
 SuperiorDental.com

Third Party Authorization

In order to maintain HIPAA compliance and protect our members' PHI, Medical Mutual and Superior Dental Care (SDC) require 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 Medical Mutual / SDC 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.