

MEDICAL GROUP REFERRAL

(Must be filled out completely in order to process)

<input type="checkbox"/> Hemet	Authorization Fax#: (888) 359-3583	DME/Home Health Fax #: (888) 359-3580
<input type="checkbox"/> FamilySeniors	Authorization Fax #: (888) 359-3582	DME/Home Health Fax #: (888) 359-3580
<input type="checkbox"/> Menifee	Authorization Fax #: (888) 359-3582	DME/Home Health Fax #: (888) 359-3580
<input type="checkbox"/> Temecula	Authorization Fax #: (888) 681-5925	DME/Home Health Fax #: (888) 359-3580

- Faxed to PCP
 Not On Web
 Web Reference _____
 Routine
 Expedited (MUST MEET CMS GUIDELINES: Seriously jeopardizing the life or health of the member or member's ability to regain maximum function)

PATIENT NAME LAST		FIRST	MI	BIRTHDATE (Mo/Day/Yr)	
COMPLETE ADDRESS		CITY	STATE	ZIP	
PATIENT PHONE NUMBER	PATIENT ID#	INSURANCE			
FROM		REFERRAL TO			
REQUESTING PHYSICIAN	PHYSICIAN SIGNATURE	SPECIALIST/FACILITY			
ADDRESS		ADDRESS			
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE	FAX NUMBER	PHONE	FAX NUMBER		
CONTACT PERSON	DATE	CONTACT PERSON			

PLEASE ATTACH CONSULTATIONS, LABS, X-RAY REPORTS AND OTHER DOCUMENTATION TO SUPPORT THE MEDICAL NECESSITY OF REFERRAL

OFFICE
 OUT-PATIENT
 IN-PATIENT
 DME
 HOME HEALTH
 HEIGHT _____
 WEIGHT _____

NAME OF FACILITY	DATE OF PROCEDURE
DIAGNOSIS	ICD-10 CODE
PROCEDURE REQUESTED	CPT CODE
CLINICAL SYMPTOMS	

THIS SECTION MUST BE COMPLETED BY REQUESTING PHYSICIAN WHEN REFERRING OUTSIDE OF PREFERRED CAPPED PROVIDERS OR SPECIALISTS. MEDICAL REASON MUST BE STATED.

ATTACHED MEDICAL RECORDS MUST SUPPORT EXPEDITED REQUEST: PHYSICIAN NOTES
 LABS
 RADIOLOGY
 CONSULTS

UPON ACCEPTANCE OF REFERRAL AND TREATMENT OF THE PATIENT, PHYSICIAN/PROVIDER AGREES TO ACCEPT IPA CONTRACTED RATES. THIS REFERRAL/AUTHORIZATION VERIFIES MEDICAL NECESSITY ONLY. PAYMENTS FOR SERVICES ARE DEPENDENT UPON THE PATIENT'S ELIGIBILITY AT THE TIME SERVICES ARE RENDERED.

AUTHORIZATION VALID 90 DAYS FROM DATE OF APPROVAL/PENDING PATIENT ELIGIBILITY.

Fax completed referral form with all medical documentation to the UM Department.