

# REFERRAL AUTHORIZATION

No.	
Start Date	

New  Amended

PCP NPI		Member No	
PCP		Patient	
Phone		DOB	Sex
Tax ID		Phone	Email

Referral Provider		Provider NPI	
Address		Appt On	
		Will the service be performed in a facility Setting?	
Phone	Fax	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Facility	
		Address	
		Phone	Fax

Referral Reason	
Diagnosis	
Professional Services	
Number of Visits	
Time Frame	
CPT Code	
Comments	

**Note to Provider:**

**All testing and services must be arranged through the Primary Care Physician**  
**ANY additional services must be arranged and approved by the PCP prior to being rendered**  
**Retroactive referrals will not be given**  
**Please send visit notes to PCP prior to future referral requests**

Prepared By		Group	
Phone		Address	
Date		Phone	
Amended			
Comment			

**Note to Members:**

Services authorized by your primary care physician are not guaranteed to be covered benefits.  
 If you have questions regarding benefits, call the Member Services Department at your insurance plan.