



UnitedHealthcare PCP Referral Form - MN Restricted Recipient Program

(manual entry form)

To ensure proper handling of the referral provider's claims, this form must be filled out in its entirety or the referral will not be valid. The PCP referral form must be faxed to (844)217-7207, Attn: UnitedHealthcare MN Restricted Recipient Program. For any questions regarding this form, please call: (888)413-0945

Recipient Name:	Recipient PMI:	Date:

Section I: Primary Physician

Primary Physician	Phone Number	NPI Number

Section II: Referral Information

Referring to (first and last name)	Specialty	Phone Number	NPI Number

Clinic Name	Clinic NPI Number	Prescribing Rights? Y/N

Street Address

City	State	Zip Code

Reason for referral

Start Date	End Date	Name of person sending referral	Phone Number

Fax form to: (844)217-7207 Attn: UnitedHealthcare Restricted Recipient Program

