

# UnitedHealthcare Individual Exchange Referral Fax Form



Please use this form to submit referrals to UnitedHealthcare for Individual Exchange plans. The form must be fully completed, signed and submitted by the member's assigned primary care provider and faxed to UnitedHealthcare at **801-994-1224**, or mailed to UnitedHealthcare at: PO Box 5280, Kingston, NY 12402.

Member name: (Last, First, MI):	
Member ID #:	Phone: (      )
Date of birth (MM/DD/YYYY):	
Member address:	

## Referring Primary Care Physician (PCP)

Name (Last, First, MI):	
PCP Tax ID #:	Phone: (      )
Address: (Street #, City, State, Zip Code):	

## Specialist/Rendering Physician

Name (Last, First, MI):	Specialty:
Specialist Tax ID #:	Phone: (      )
Address: (Street #, City, State, Zip Code):	

## Referral Information

Service requested: Routine referral <input type="checkbox"/> Standing referral <input type="checkbox"/>	
Diagnosis with code ( <i>List at least one, not more than two</i> ):	
(NOTE: maximum duration of six months) Routine referral - maximum six visits Standing referral - maximum 99 visits  Number of visits: _____ <i>If blank, one visit is assumed</i>	Routine service start date: _____ <i>(Cannot be backdated more than 5 days)</i>  Routine service end date: _____  Standing referral start date: _____ <i>(Cannot be backdated more than 5 days)</i>

\_\_\_\_\_  
**Signature of referring PCP**

\_\_\_\_\_  
**Today's Date**

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan.

Insurance coverage provided by or through UnitedHealthcare of Arizona, Inc. in Arizona, Optimum Choice, Inc. in Virginia and Maryland, UnitedHealthcare of Wisconsin, Inc. in North Carolina and Oklahoma, UnitedHealthcare of Oregon, Inc. in Washington and UnitedHealthcare Insurance Co. in Tennessee. Administrative Services provided by United HealthCare Services, Inc. or their affiliates.