

Primary Care Physician Referral Form



Please print or type in black ink.

If you have questions, please call Provider Services at 877-842-3210.

1. Member Identification

Patient's/Member's Health Plan ID Number	Patient/Member Name (Last, First, MI)
Patient's/Member's Health Plan Group Number	Patient/Member Birth Date
Primary Care Physician (PCP) Name	PCP Telephone
PCP Address	PCP Fax
Consulting Physician Name	Consulting Physician Telephone
Consulting Physician Address including your state and ZIP code.	Consulting Physicians Fax

2. Referral Authorization (Retroactive referrals are not valid)

A referral is an authorization for services delivered only by practitioners under contract with M.D. IPA/Optimum Choice health plans. For a list of services requiring authorization, review the M.D.IPA, M.D.IPA Preferred, Optimum Choice, and Optimum Choice Preferred Referral Protocol. To access it, go to UHCprovider.com/protocols. Documents are listed in alpha order.

3. Diagnosis/Medical History/Reason for Referral (Include date, type, and results of studies performed)

4. Consulting Physician May Provide Care As Indicated

Note: PATIENT MUST BE A COVERED MEMBER AT TIME OF SERVICE.

Consultation and treatment number of visits approved _____

Standing Referral Yes No

Is the referral for Behavioral Health Service? Yes No

Other Services (Please list) _____

Attached

Narrative Report X-ray Lab Other

Other Insurance Coverage (COB) Yes No Medicare

Motor vehicle accident Workers' Comp Commercial

Primary Care Physician Signature

Referral Date

Primary Care Physician Instructions

You must:

1. Verify a referral is required for the recommended service or treatment.
2. Complete sections 1, 3 and 4.
3. Specify the **number of approved visits on the referral**. If this field is not completed, the Referral defaults to one visit.
4. Sign and date the Referral.
5. Provide participating consultant with a copy of the completed form.
6. Provide member with a copy of the completed form.

Consulting Physician Instructions And Billing Procedures

1. **IMPORTANT:** Enter your **physician number below your signature on the CMS-1500 form**.
2. Keep a copy of this form for your records.
3. If Referral is not signed and dated by the primary care physician, the claim will be denied.
4. **Billing Procedure:** Submit a copy of a valid referral with the **initial claim**.

Standing Referral Instructions

Standing referrals may be requested by the primary care physician by completing this form. Standing referrals:

1. Are valid only for certain conditions, unless an authorization is obtained. For more information, please review the [Referral Process Policy](#).
2. May be granted for six months
3. Must follow all other primary care physician and consultant instructions.

Member Instructions

1. Keep a copy of this form for your records. Give the original Referral to your consultant.
2. If the Referral is mailed by the primary care physician, ensure consulting physician has received his or her copy of the Referral.
3. **A Referral is not a guarantee that the services are covered benefits. Please review your health plan covered benefits and exclusions.**