



### UnitedHealthcare Navigate Referral Fax Form

Please use this form to submit referrals to UnitedHealthcare for Navigate plans offered in DC, MD and NY only. The form must be fully completed, signed and submitted by the member's assigned primary care provider and faxed to UnitedHealthcare at 248-733-6000.

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 #:
Address: (Street #, City, State, Zip Code):
Phone: (     )

#### Specialist/Rendering Physician

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

#### Referral Information

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