

# Referral Form\*

Providers (PCP or Specialist) need only request an **initial** referral to a participating specialty physician. The treating provider may then request additional visits or an end date extension of the referral by submitting a request with clinical documentation to the plan for review.

- Providers must supply referral information to the Plan **on or before** the date the member is to receive the specified care.
- Referrals to non-participating specialists require pre-authorization. Fax a Letter of Medical Necessity to 1-877-203-9401.
- (Payment of a claim is contingent upon medical necessity and the member's eligibility and benefits on the date of service.

Select one:  New Patient  Existing Patient

Expedite?  Yes  No

Today's Date: \_\_\_\_\_ Referral Number (for internal use): \_\_\_\_\_

Referring Physician NPI Number: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Fax Number: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Member Name: \_\_\_\_\_

Primary Diagnosis Code: \_\_\_\_\_

Date of Onset (if known): \_\_\_\_\_

If applicable, please indicate if there is other insurance (select one):

Worker's Compensation  No-Fault Insurance  Other \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Specialist Name: \_\_\_\_\_  
last first middle initial

Specialty: \_\_\_\_\_

Referral Start Date: \_\_\_\_\_

**The referring physician authorizes this specialist to provide the following care to this patient:**

Consultation, excluding diagnostic testing and treatment (one visit).

Consultation with diagnostic testing, excluding treatment (one visit).

Consultation, diagnostic testing, and treatment, excluding authorization to admit this patient.

Consultation, diagnostic testing, treatment, and authorization to admit this patient. (Providers must notify the Plan at 1-800-926-2357 prior to any inpatient admission.)

Extend existing referral to specialist. Enter referral number \_\_\_\_\_

Second opinion, excluding treatment (one visit).

**Phone, fax, or mail this referral to**

Phone or fax referral to **Univera Healthcare**: Phone: 1-800-926-2357; Fax: 1-877-203-9401

\*Referrals are required for SeniorChoice, only.