

Central Valley Medical Providers

REFERRAL AUTHORIZATION FORM

FAX TO: 818-817-5155

FOR PROMPT RESPONSE PLEASE GO TO WWW.CAPCMS.COM FOR ONLINE REFERRAL ENTRY

DATE: _____ ADMISSION / SERVICE DATE: _____ HEALTHPLAN: _____

() NON-URGENT _____ () RETROSPECTIVE _____ () URGENT _____

PATIENT NAME: _____ **DATE OF BIRTH:** _____

PATIENT'S TEL#: (_____) _____ - _____ **MEMBER#:** _____

PRIMARY INSURED'S NAME: _____ RELATIONSHIP TO PATIENT: () SELF () SPOUSE () CHILD () OTHER

PCP: _____

REQUESTING MD: _____

REQUESTING SPEC./ FACILITY: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

FAX: _____

() CONSULT _____ () FOLLOW-UP VISIT: _____ () TOTAL OB CARE: _____

() PT/OT VISIT(S) # FREQUENCY: _____ () PROCEDURE/SURG: _____

() STANDING REFERRAL (Check here if you believe an ongoing referral is necessary. Frequency by CPT and proposed length of treatment information is required). Reason: _____

ICD10 Codes: _____

<u>REQUESTED PROCEDURE(S)</u>	<u>CPT(s)</u>	<u>FREQUENCY</u>	<u>PROPOSED LENGTH OF TREATMENT</u>
(1) _____	(1) _____	(1) _____	(1) _____
(2) _____	(2) _____	(2) _____	(2) _____
(3) _____	(3) _____	(3) _____	(3) _____
(4) _____	(4) _____	(4) _____	(4) _____

PHARMACEUTICAL CODES ONLY - J-code(s), A - code(s), and B - code(s)

<u>ALL</u>	<u>NDC</u>	<u>DOSAGE</u>	<u>DATE</u>	<u>ADMINISTERED:</u>
<u>CODE(s)</u>	<u>(J CODES ONLY)</u>	<u>FREQUENCY</u>	<u>FROM & TO</u>	<u>SELF or by Physician</u>
(1) _____	(1) _____	(1) _____	(1) _____	(1) _____
(2) _____	(2) _____	(2) _____	(2) _____	(2) _____
(3) _____	(3) _____	(3) _____	(3) _____	(3) _____

MEDICAL NECESSITY / CLINICAL FINDINGS / Additional Info:

REQUESTING PHYSICIAN SIGNATURE / STAMP: _____

() AGREE (FAX To Conifer) () MEDICAL DIRECTOR REVIEW (FAX To Conifer) () MORE INFO REQUIRED (Return to Specialist)

PCP'S SIGNATURE / STAMP: _____

ATTACH DOCUMENTATION TO FACILITATE DETERMINATION OF REFERRALS

ALWAYS VERIFY ELIGIBILITY PRIOR TO RENDERING SERVICES. SUBMIT CLAIMS TO: PO BOX 260830 ENCINO, CA 91426