

Primary Care Provider (PCP) Referral to Specialist

Fax: 919-765-7508

Note: Not valid for referring to a non-participating provider



Date Form Created:	
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Member Information: All Information Required

Member Name:	
Member ID#: <i>Note: Please include the J plus 8 numbers</i>	
Member Date of Birth:	

Provider Information: All Information Required

PCP Name:		PCP Individual NPI:	
Specialist Name:		Specialist Individual NPI:	

Reason for Referral: All Information Required
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Is this a new referral Y/N?	<input type="checkbox"/>	<input type="checkbox"/>	Referral Dates:	Start:	
	Yes	No		End:	
Total # of Visits:					
Diagnosis Code:					

Type of Service to be Rendered (check one)

Note: Services requiring Prior Approval, do not need a Specialist Referral

Note: Select only one service type, per referral form

<input type="checkbox"/>	Cardiac Rehab	<input type="checkbox"/>	Nutritional Counseling	<input type="checkbox"/>	Pulmonary Rehab
<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Physical & Occupational Therapy	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Diabetic Teaching			<input type="checkbox"/>	Wound Clinic

Other Service Not Requiring Prior Approval

Level of Referral (check one below)

- Level 1 *Evaluation Only*
- Level 2 *Evaluation & Diagnostics (including labs and x-rays)*
- Level 3 *Evaluation, Diagnostics & Treatment (up to and including surgery)*