



DIRECT REFERRAL FORM

c/o MedPOINT Management
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**FORM MUST BE FULLY COMPLETED BY PRIMARY CARE PHYSICIAN'S (PCP) OFFICE.
 AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE INDICATED BELOW.**

DATE:	PCP NAME: M.D.	PHONE #:
PCP ADDRESS:		
PCP NPI NUMBER:	FORM COMPLETED BY: NAME:	PHONE #:
PATIENT NAME:	HEALTH PLAN:	ID #:
PATIENT ADDRESS:		
PATIENT DOB:	PHONE:	
DIAGNOSIS:	ICD 10 CODE:	
REASON FOR REFERRAL:		
SPECIALTY PROVIDER:	SPECIALTY TYPE:	
SPECIALTY PROVIDER ADDRESS:	PHONE:	

SERVICE AUTHORIZED: ONE INITIAL EVALUATION

CPT CODE 99243: MEDI-CAL LINE OF BUSINESS

CPT CODE 99203: COMMERCIAL & MEDICARE LINE OF BUSINESS

THIS FORM MAY ONLY BE USED FOR THE SPECIALTY CATEGORIES BELOW:

<input type="checkbox"/> EKG (93000)	<input type="checkbox"/> MATERNAL AFI	<input type="checkbox"/> OBSTETRICS*	<input type="checkbox"/> ORTHOPEDICS (Fracture Care Only)
<input type="checkbox"/> GYNECOLOGY *	<input type="checkbox"/> MATERNAL NST	<input type="checkbox"/> OPTOMETRY 92004 Z2930 V2020 (Care 1 st & L A Care/Comm)	<input type="checkbox"/> TAB (Medi-Cal Only)
<input type="checkbox"/> X-RAY	<input type="checkbox"/> ULTRA-SOUND	<input type="checkbox"/> VENOUS DOPPLER	
<input type="checkbox"/> ABDOMINAL ULTRASOUND (76700)	<input type="checkbox"/> DEXA SCAN (77080)	<input type="checkbox"/> OB ULTRASOUND	
<input type="checkbox"/> BREAST ULTRASOUND (76645)	<input type="checkbox"/> MAMMOGRAM (G0202)	<input type="checkbox"/> PELVIC ULTRASOUND (76856)	
RADIOLOGY	RADIOLOGY SERVICE PROVIDER:		<i>All radiology providers require prescription order form in addition to IPA referral.</i>
	RADNET SITE:		

**ALL LAB WORK MUST BE REFERRED TO QUEST DIAGNOSTICS.
 ALL RADIOLOGY MUST BE REFERRED TO RADNET - EFFECTIVE 1/1/2014**

Direct Referral must be made to a Participating Health Care L.A., IPA Provider.

All services not listed above require prior authorization. NO EXCEPTIONS. Eligibility must be verified at encounter.

* Member may self refer for sensitive services. *Members may self refer to Participating OB/GYN providers. Obstetricians/ Gynecologists can directly refer members for the following services: pelvic ultrasounds, mammograms, DEXA scans, breast ultrasounds, Maternal AFIs and NSTs.

Copy of Form to be given to patient. PCP to enter authorization via MPM Web as Direct Referral fax authorization to GLOBAL CARE MEDICAL GROUP IPA on the same day referral is generated. NOTICE: This form is a guarantee for payment subject to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT'S RESPONSIBILITY.** Authorization expires in sixty (60) days, Direct Referral Authorization is not valid for providers not participating on the IPA Panel. ALL FOLLOW-UP CARE MUST BE PRIOR-AUTHORIZED BY THE UTILIZATION REVIEW DEPARTMENT. This protocol applies even when additional services are provided in conjunction with the initial consultation. **Services related to CCS eligible conditions must be authorized by CCS. GLOBAL CARE MEDICAL GROUP IPA is not responsible for payment of services related to CCS eligible conditions.**

Provider Signature: