Primary care physician referral form

For chat options and contact information, visit **UHCprovider.com/contactus**.

Member identification		
Patient's/member's health plan ID number:		
Patient/member name (last, first, middle initial): Last name: First name: MI:		
Patient's/member's health plan group number:		Patient/member birth date:
Primary care physician (PCP) name:	PCP telephone:	
PCP address:		
PCP fax:	Consulting physician name:	
Consulting physician telephone:		
Consulting physician address including your state and ZIP code:		
State:	ZIP code:	Consulting physician's fax:

Referral authorization (retroactive referrals are not valid)

A referral is for services delivered only by practitioners under contract with M.D.IPA, M.D.IPA, M.D.IPA Preferred, Optimum Choice and Optimum Choice Preferred health plans. For a list of services requiring a referral, review the M.D.IPA, M.D.IPA Preferred, Optimum Choice and Optimum Choice Preferred Referral Protocol. To access it, go to **UHCprovider.com/plans**.

Diagnosis/medical history/reason for referral

Consulting physician may provide care as indicated

Note: Patient must be a covered member at the time of service.

Consultation and treatment number of visits approved

Standing referral: ☐ Yes ☐ No Is the referral for behavioral health service? ☐ Yes ☐ No

Other services (Please list):

Consulting physician may provide care as indicated (cont.)

Attached: ☐ Narrative report ☐ X-ray ☐ Lab ☐ Other

Other insurance coverage (COB):
☐ Yes ☐ No ☐ Medicare ☐ Motor vehicle accident ☐ Workers' comp ☐ Commercial

Primary care physician signature:	Referral date:

Primary care physician instructions:

You must:
1. Verify a referral is required for the recommended service or treatment
2. Complete sections 1, 3 and 4
3. Specify the **number of approved visits on the referral**. If this field is not completed, the referral defaults to 1 visit
4. Sign and date the referral
5. Provide participating consultant with a copy of the completed form
6. Provide member with a copy of the completed form

Consulting physician instructions and billing procedures:

1. **Important:** Enter your physician number below your signature on the CMS-1500 form
2. Keep a copy of this form for your records
3. If referral is not signed and dated by the primary care physician, the claim will be denied
4. **Billing procedure:** Submit a copy of a valid referral with the **initial claim**

Standing referral instructions:

Standing referrals may be requested by the primary care physician by completing this form. Standing referrals:
1. Are valid only for certain conditions, unless an authorization is obtained. For more information, please review the referral policy at **UHCprovider.com/plans**
2. May be granted for 6 months
3. Must follow all other primary care physician and consultant

Member instructions:

1. Keep a copy of this form for your records. Give the original referral to your consultant.
2. If the referral is mailed by the primary care physician, ensure consulting physician has received his or her copy of the referral
3. A referral is not a guarantee that the services are covered benefits. Please review your health plan covered benefits and exclusions.

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