



SANTÉ COMMUNITY  
PHYSICIANS

# HMO REFERRAL FORM FOR IN-PLAN PROVIDERS

Direct Physician to Physician Contact is  
Needed for Priority Scheduling

## Urgency of Referral

Priority  Routine

- AARP Medicare Complete
- Aetna
- Blue Shield Access Plus
- Blue Shield 65 Plus

- Brand New Day
- California Care (Blue Cross)
- Cigna
- Community Care Health

- Health Net
- Health Net Healthy Heart
- Health Net Sapphire Premier
- United Healthcare Signature Value
- United Healthcare Medicare Solutions: Group Retiree

P.O. Box 792, Fresno, CA 93712-0795 Phone • (559) 228-5430 • (800) 652-2900

### PATIENT INFORMATION

PATIENT NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DOB	I.D.# (Include SS# if different)	GROUP #
INSURANCE CARD EFF. DATE	PATIENT ADDRESS			PATIENT DAYTIME PHONE #	
OTHER INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Other Carrier:	ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	MVA <input type="checkbox"/> YES <input type="checkbox"/> NO	JOB RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INJURY	
WORKERS COMP CARRIER	WORKERS COMP ADDRESS			WORKERS COMP PHONE #	

### REFERRING PRIMARY CARE PHYSICIAN INFORMATION

PCP OF RECORD _____	SIGNATURE	
PCP ON CALL _____		
CONTACT PERSON	PHONE #	FAX #

### REFERRED TO (SPECIALIST) INFORMATION

NO REFERRAL FORM NEEDED FOR LAB, X-RAY, PHYSICAL THERAPY  
 USE PRIOR AUTHORIZATION FORM FOR OUT-OF-PLAN REFERRALS & SERVICES REQUIRING PRIOR AUTHORIZATION

SPECIALIST NAME (Print)	PHONE#	ADDRESS
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CHECK (✓) IF REFERRING TO:  Diabetes Care Center  Cardiac Rehab  Pulmonary Rehab  Dietary Consultation

### REFERRAL INFORMATION

DIAGNOSIS	ICD-10 CODE
DATE OF REQUEST	# OF VISITS (Valid for 180 Days)
<input type="checkbox"/> CONSULTATION ONLY <input type="checkbox"/> CONSULTATION AND TREATMENT <input type="checkbox"/> REFERRAL FOR TREATMENT	

SEE REFERRAL GUIDE AND ATTACH APPROPRIATE MEDICAL RECORDS TO EXPEDITE REFERRAL

- PROGRESS NOTES ATTACHED
- EKG ATTACHED
- IMAGING STUDY REPORT ATTACHED
- IMMUNIZATION RECORD ATTACHED
- CONSULTANT'S NOTES ATTACHED
- LAB REPORT ATTACHED
- MEDICATIONS LIST ATTACHED
- Other \_\_\_\_\_
- NOTES WITH SPECIFIC FINDINGS ATTACHED
- X-RAY REPORT ATTACHED
- CARDIAC RELATED STUDIES ATTACHED

Mail copy to Santé at P.O. Box 792, Fresno, CA 93712-0792

Mail or fax a copy to specialist

Place a copy in patient's chart

- THIS REFERRAL DOES NOT GUARANTEE PAYMENT OF NON-COVERED SERVICES
- THIS REFERRAL DOES NOT GUARANTEE PAYMENT IF PATIENT IS NOT ELIGIBLE