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*****REQUESTS NOT CERTIFIED AS URGENT WILL BE PROCESSED AS ROUTINE*****

CAL CARE IPA

Referral Request Form

Tel (951) 280-7700 Fax (951) 280-8214

___ Medically Urgent – PHYSICIAN CERTIFICATION OF MEDICAL URGENCY IS MANDATORY

I _____ certify that this request is medically urgent due to the following reasons: _____
(Print name of Physician)

MD Signature: _____

Referral number does not guarantee payment. Member must be eligible at time of service.

Patient Last Name		First Name		Gender	D.O.B.	Age
Address			Phone		Subscriber ID # / ID #	
City, State, Zip			Health Plan		LOB:	
REFERRING PROVIDER				NPI #		
Name			Address			
Phone	Fax	Provider Signature		Date	Office Contact	
REQUESTED PROVIDER (Physician, Facility, Service)				NPI #		
Name			Address			
Phone	Fax	Comments				
PCP (If different from Referring Provider above)				NPI #		
Name	Office Contact	Phone		Fax		

Diagnosis	ICD-10 Code MANDATORY
IMPORTANT-ATTACH ALL APPROPRIATE PROGRESS NOTES, LAB AND X-RAY RESULTS TO SUPPORT YOUR REQUEST.	
SERVICES REQUESTED – Please Be Specific (i.e., consult, follow-up, treatment, DME, etc.)	
Procedure Code (CPT) MANDATORY	

THE FOLLOWING MANDATORY INFORMATION MUST BE SUBMITTED TO SUPPORT YOUR REQUEST:
1. DOCUMENTATION OF FAILED CONSERVATIVE TREATMENT – NOTES INCLUDING INITIAL TREATMENT AND FOLLOW UP CARE PROVIDED
2. ALL IMAGING STUDIES AND LABS RELATED TO THE ABOVE DIAGNOSIS
3. ALL PERTINENT PREVIOUS CONSULT REPORTS
4. LIST OF MEDICATIONS USED TO TREAT THE ABOVE DIAGNOSIS

Services Approved are Contingent on Eligibility, Benefits and Billing Guidelines.

Mail claims to: CAL CARE MEDICAL GROUP 2115 Compton Avenue Department 100, Corona, CA 92881-7273