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REFERRAL AUTHORIZATION FORM

10860

PROMINA Health System

10860

PCP TO SPECIALIST ONLY

FAX TO 770-956-6939
OFFICE 770-956-6938

REFERRAL DATE ☐☐ / ☐☐ / ☐☐☐☐

PATIENT INFORMATION - PLEASE PRINT AND USE BLACK INK

PATIENT LAST NAME

PATIENT FIRST NAME

PATIENT ID# - ☐☐

PATIENT DOB ☐☐ / ☐☐ / ☐☐☐☐

SELECT PLAN FROM BELOW

☐ PROMINA HMO PLAN ☐ PROMINA POS PLAN ☐ PRINCIPAL
☐ ONE HEALTH PLAN ☐ CIGNA ☐ HUMANA ☐ UNITED

PRIMARY CARE PHYSICIAN INFORMATION (Must be patients assigned PCP)

PCP LAST NAME

PCP FIRST NAME

PCP PHONE NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐

PCP ID#

PCP FAX NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐

OFFICE CONTACT: _____

SPECIALTY CARE PHYSICIAN INFORMATION

SPECIALIST LAST NAME

SPECIALIST FIRST NAME

SPECIALIST PHONE NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐

REFERRAL APPOINTMENT DATE (If known) ☐☐ / ☐☐ / ☐☐☐☐

SPECIALIST FAX NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐

SPECIALIST ID#

ICD-9 CODE PRIMARY DIAGNOSIS ☐☐☐ . ☐☐ _____ PRIMARY DIAGNOSIS

ICD-9 CODE SECONDARY DIAGNOSIS ☐☐☐ . ☐☐ _____ OTHER DIAGNOSIS

THIS REFERRAL IS VALID FOR 90 DAYS:

☐ 1 VISIT - CONSULT ONLY
☐ 2 VISITS - CONSULT AND 1 FOLLOW UP VISIT
☐ 3 VISITS - CONSULT AND 2 FOLLOW UP VISITS

REFERRAL STATUS

☐ APPROVED
☐ APPROVED/SPECIALIST NOT IN PROMINA PANEL
☐ NOT APPROVED/MEMBER INELIGIBLE
☐ NOT APPROVED/SPECIALIST NOT IN NETWORK
☐ NOT APPROVED/OTHER (SEE COMMENT FIELD)

COMMENTS(FOR PROMINA USE ONLY)

This form is not valid for non-participating providers. This referral is not a guarantee of payment. Eligibility for benefits may be subject to plan limitations such as pre-existing conditions or non-covered services. Unless otherwise noted above, this referral is valid for a maximum of 1 visit within 90 days.

FOR PROMINA MEDICAL MANAGEMENT INTERNAL USE ONLY

Service Type ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
Outcome ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
Impact ☐1 ☐2 ☐3
Hold Reason ☐1 ☐2
Service Reason ☐1 ☐2
Disposition ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
Overall Status ☐1 ☐2 ☐3 ☐4
Review Type ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Reviewer Initials ☐☐

REFERENCE # ☐☐☐☐☐☐☐☐

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