REFERRAL / AUTHORIZATION REQUEST

Preferred IPA of California
Be a Preferred Provider

Fax authorization request to: (800) 874-2093
Phone (800) 874-2091

DATE SUBMITTED: _____

LAST TWO OFFICE VISIT NOTES and LAB/DIAGNOSTIC RESULTS PERTAINING TO THIS REQUEST ARE REQUIRED TO PROCESS THIS REFERRAL

MARK HERE FOR TYPE OF REQUEST: ☐ **URGENT** ☐ **ROUTINE** ☐ **RETROACTIVE** ☐ **INPATIENT**

Patient Name LAST FIRST	MALE ☐ FEMALE ☐	DOB	AGE
Address	City	Zip	Phone
Member Number & Health Plan	Language Required (Interpreter Services Available)		

PATIENT REFERRED TO:	Address:
Specialty:	PHONE#: FAX #:

REFERRING PHYSICIAN:	Referring Physician Address
Referring Phone: Referring Fax:	Referring Signature (**REQUIRED**)

Diagnosis Codes (ICD10):	**Diagnosis Description:**
ICD10 Code 1:	
ICD10 Code 2:	

IMPORTANT NOTICE REGARDING QUEST and LAB CORP - LABS MUST BE SENT TO THE ASSIGNED CONTRACTED LAB FOR THE MEMBER'S PCP. PLEASE CALL 818-265-0800 x200 TO VERIFY CONTRACTED LABORATORY PROVIDER.

		CPT CODES			CPT CODES
☐	Consultation w/ Dx & Report	99243	☐	Out-Patient Procedure	
☐	Follow-up Visit (_____/visits)	99213	☐	DME / Prosthetics	
☐	Ultrasounds		☐	Home Health Care	
☐	Routine Pregnancy Care	LMP:_____EDC: _____	☐	CT/MRI	
☐	Family Planning		☐	Physical Therapy Visit	
☐	Hospital In-Patient Care		☐	Other	

Reason for referral – ATTACH PERTINENT PROGRESS NOTES, CONSULT NOTES, LABORATORY/ DIAGNOSTIC RESULTS

What has been tried? For how long? With what results? How will this affect treatment? Please explain.

AUTHORIZATION OF REQUESTED SERVICES AND PAYMENT OF CLAIMS ARE BASED ON VERIFICATION OF CONTINUED ELIGIBILITY.
SPECIALIST: PLEASE PROVIDE CONSULTATION REPORT AND FOLLOW UP NOTES TO PCP
****SPECIALISTS MAY REQUEST FOLLOW UP VISITS OR PROCEDURES DIRECTLY****

Practitioners, members and the public may request a copy of the criteria used to make an authorization decision by calling the IPA. If you would like to discuss a denial decision, you may contact the Medical Director at 818-265-0800 x249.

☐ Approved ☐ Pend ☐ Denied ☐ Modified Review Date_____

Notes:

03-2016