



**PROSPECT
MEDICAL**

L.A. CARE MEDI-CAL MANAGED BY MEDPOINT MANAGEMENT

DIRECT REFERRAL FORM

c/o MedPOINT Management
P. O. Box 573094, Tarzana, CA 91357-0730
Phone: 818-702-0100 ♦ Fax: 818-444-1208

FORM MUST BE FULLY COMPLETED BY PRIMARY CARE PHYSICIAN'S (PCP) OFFICE.
AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE INDICATED BELOW.

DATE:	PCP NAME:	M.D.	PHONE #:
PCP ADDRESS:			
PCP NPI NUMBER:	FORM COMPLETED BY: NAME:		PHONE #:
PATIENT NAME:	HEALTH PLAN:	ID #:	
PATIENT ADDRESS:			
PATIENT DOB:		PHONE:	
DIAGNOSIS:			ICD 10 CODE:
REASON FOR REFERRAL:			
SPECIALTY PROVIDER:			SPECIALTYTYPE:
SPECIALTY PROVIDER ADDRESS:			PHONE:

ALL RADIOLOGY MUST BE REFERRED TO BEVERLY RADIOLOGY (RADNET)

Other Specialties	<input type="checkbox"/> Initial Evaluation Visit only CPT Codes (99203,99243) for Specialties indicated below					
	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Hematology/Oncology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Urology
	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Neurology	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Pulmonology	<input type="checkbox"/>
RADIOLOGY	<input type="checkbox"/> X-RAYS: All basic X-Rays (Routine) <input type="checkbox"/> Mammogram <input type="checkbox"/> Ultrasounds <input type="checkbox"/> Fluoroscopy					

ALL LAB WORK MUST BE REFERRED TO LABCORP

*Direct Referral must be made to a Participating PROSPECT in Network providers. All services not listed above require prior authorization.
NO EXCEPTIONS, Eligibility must be verified at encounter.*

** Member may self refer for sensitive services. *Members may self refer to Participating OB/GYN providers. Obstetricians/ Gynecologists can directly refer members for the following services: pelvic ultrasounds, mammograms, DEXA scans, breast ultrasounds, Maternal AFI's and NSTs.*

Copy of Form to be given to patient. PCP to enter authorization via MPM Web as Direct Referral or fax authorization to **PROSPECT MEDICAL L.A. CARE MEDI-CAL MANAGED BY MEDPOINT MANAGEMENT** on the same day referral is generated. NOTICE: This form is a guarantee for payment subject to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT'S RESPONSIBILITY.** Authorization expires in sixty (60) days, Direct Referral Authorization is not valid for providers not participating on the IPA Panel. **ALL FOLLOW-UP CARE MUST BE PRIOR-AUTHORIZED BY THE UTILIZATION REVIEW DEPARTMENT.** This protocol applies even when additional services are provided in conjunction with the initial consultation. **Services related to CCS eligible conditions must be authorized by CCS. PROSPECT MEDICAL L.A. CARE MEDI-CAL MANAGED BY MEDPOINT MANAGEMENT is not responsible for payment of services related to CCS eligible conditions.**

Provider Signature (REQUIRED):