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| **L.A. CARE MEDI-CAL MANAGED BY MEDPOINT MANAGEMENT** | **DIRECT REFERRAL FORM****c/o MedPOINT ManagementP. 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:      | SPECIALTYPE:      |
| SPECIALTY PROVIDER ADDRESS:       | PHONE:       |
| **ALL RADIOLOGY MUST BE REFERRED TO BEVERLY RADIOLOGY (Radnet)**  |
| **Other****Specialties** | [ ]  Initial Evaluation Visit only *CPT Codes (99203,99243*) for Specialties indicated below |
| [ ]  Cardiology | [ ]  Hematology/Oncology | [ ]  Nephrology | [ ]  Ophthalmology | [ ]  Otolaryngology | [ ]  Urology |
| [ ]  General Surgery | [ ]  Infectious Disease | [ ]  Neurology | [ ]  Orthopedics | [ ]  Pulmonology | [ ]  |
| **RADIOLOGY** | [ ]  X-RAYS: All basic X-Rays (Routine) [ ]  Mammogram [ ]  Ultrasounds [ ]  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 AFIs 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to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT’S RESPONSIBILITY**.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):** |