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| **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: | | | | | | | | | 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to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT’S RESPONSIBILITY**.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):** | | | | | | | | | | |