

IN Physician Associates IPA (INPA)

<p style="text-align: center;">Innovative Management Systems MSO 13200 Crossroads Pkwy N, Ste 315, City of Industry, CA 91746 TEL # 323-800-8283 FAX # 833-643-1189</p>	<p style="text-align: center;">All Care to You MSO 2300 E Katella Ave, Ste 325 Anaheim, CA 92806 TEL # 949-750-2061 FAX # 949-396-2614</p>
<p style="text-align: center;">Managing Health Plans: Clever Care and Astiva</p>	<p style="text-align: center;">Managing Health Plans: Humana, SCAN, and WellCare</p>

REFERRAL DATE: _____

REFERRAL REQUEST FORM: Fax completed authorization request to UM fax # 833-643-1189.

Please make sure to attach all Supporting Clinical/Documentation:

OFFICE
 OUTPATIENT
 DME
 INPATIENT (date of service) _____
 OTHER
 ROUTINE
 EXPEDITED
 RETROSPECTIVE

*Urgent request must meet established standardized qualifying criteria, will determine if the normal time frame could jeopardize patient's life or health, and/or ability to regain maximum function. Urgent requests are addressed within 72 hours.

Patient Name: _____ Date of Birth: _____ (M) ____ (F) ____ Member ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Plan: _____ PCP: _____ Phone: () _____ Fax: () _____

REFERRED BY PROVIDER INFORMATION: Contracted (Y) or (N)

Referred By: _____ NPI#: _____ Specialty: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

REFERRED TO PROVIDER/FACILITY INFORMATION: Contracted (Y) or (N)

Referred To Provider/Facility: _____ NPI#: _____ Specialty: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

REQUESTING SERVICE(S)

Procedure Description

CPT 10 Code

1: _____

Modifier: _____ | QTY: _____

2: _____

Modifier: _____ | QTY: _____

3: _____

Modifier: _____ | QTY: _____

4: _____

Modifier: _____ | QTY: _____

Primary Diagnosis: _____ ICD-10: _____ (submit ICD-10 to the highest specificity)

1: _____ ICD-10: _____

3: _____ ICD-10: _____

2: _____ ICD-10: _____

4: _____ ICD-10: _____

Physician Signature: _____

Date: _____

Authorization does not guarantee payment. Patient must be eligible with IN Physician Associates IPA on the date of service. Authorization is valid for 90 days based on patient's eligibility status. It is the responsibility of the provider to verify patient's eligibility prior to providing services. Please send your Claims to the responsible MSO indicated above.