Innovative
Management Systems

MEDCAREPARTNERS

MedCare Partners Health Plan

REFERRAL DATE: _____ **TEL # 323-800-8283** **Direct FAX #** 888-453-0750

REFERRAL REQUEST FORM: Fax completed authorization request to UM fax # 888-453-0750. Please attach Supporting Clinical/Documentation.

☐ OFFICE ☐ OUTPATIENT ☐ DME ☐ INPATIENT (date of service) _____ ☐ OTHER
☐ ROUTINE ☐ EXPEDITED ☐ RETROSPECTIVE ☐ MODIFICATION Auth # _____
Reason: _____

*Urgent request must meet established standardized qualifying criteria and 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 hrs.

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

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

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

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

Referred By: _____ NPI#: _____ Specialty: _____

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

Phone: ( )_____ Fax: ( ) _____

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

Referred To: _____ 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 MedCare Partners 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 PO Box 2720, City of Industry, CA 91746.

Rev 1-Sept23