

NORTHERN CALIFORNIA

## Innovative Management Systems, 13200 Crossroads Pkwy. N., #315, City of Industry, CA 91746

REFERRAL DATE: TI	EL # 323-800-8283	Direct FAX # 833-262-9	637
<b>REFERRAL REQUEST FORM</b> : Fax completed authorization request to UM fax # 833-262-9637. Please attach Supporting Clinical/Documentation:			
OFFICE OUTPATIENT DM	E INPATIENT (date	of service)OT	HER
ROUTINE	PEDIATE F	RETROSECTIVE	
*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: ( )	
PROVIDER INFORMATION: Contracted (Y) or (N)			
Referred By: Address:	Spec	:ialty:	_
Phone: ( ) Fax: ( )	NPI#:Requ	esting Facility:	_
Phone: ( ) Fax: ( ) Facility Tax ID#:			
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 Code			
1:	Modifier:	QTY:	
2:	Modifier:	QTY:	
3:	Modifier:	QTY:	
4:	Modifier:	QTY:	
Primary Diagnosis: ICD-10:	(submit ICI	O-10 to the highest specificity	<i>(</i> )
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 NCPG, 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 13200 Crossroads Pkwy. N., #315, City of Industry, CA 91746