



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

**REFERRAL DATE:** \_\_\_\_\_

**TEL # 323-800-8283**

**Direct FAX # 213-217-9034**

**REFERRAL REQUEST FORM:** Fax completed authorization request to UM fax # 213-217-9034. Please attach Supporting Clinical/Documentation:

☐ OFFICE ☐ OUTPATIENT ☐ DME ☐ INPATIENT (date of service) \_\_\_\_\_ ☐ OTHER  
☐ ROUTINE ☐ EXPEDITE ☐ 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: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ NPI#: \_\_\_\_\_ Requesting 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)**

CPT Code	Procedure Description	Modifier	Quantity
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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 NXT, 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