



# CHOC Health Alliance Referral Form

This form should **NOT** take the place of a Prior Authorization (PA) request, nor should it be used to submit a PA.

For proper payment of services, the *recipient* of this referral must verify Member eligibility on the date of service.

Date of Request:		
<b>PATIENT INFORMATION</b>		
Patient Name:	Patient DOB:	ID Number:
Patient Address:	Guardian Name:	Parent/Guardian Phone:
<b>REQUESTING PROVIDER INFORMATION</b> (provider who is initiating the referral)		
Name of Person Completing Referral Form:		
Name of Referring Physician:		
Clinic/Office Address:		
Telephone Number:	Fax Number:	
<b>REFERRAL TO SPECIALIST INFORMATION</b> (name of provider you would like the patient to see)		
Name of Recipient Provider:		
Clinic/Office Address:		
Telephone Number:	Fax Number:	
<b>REFERRAL SERVICE</b>		
<ul style="list-style-type: none"><li>• This Referral Form is for Evaluation &amp; Management (E&amp;M) Consultation services to an in-network Specialist with CHA</li><li>• All Podiatry services require PA (including consults/E&amp;M codes); please submit via online EZNET System or PA Form</li><li>• Ophthalmology services require PA (excluding E&amp;M codes and codes 92015, 92060, and 92250); please submit via online EZNET System or with PA Form</li><li>• Office based procedures (diagnostic testing, minor surgical procedures, etc. not noted in the CHOC Health Alliance Quick Reference Guide) require PA; please submit via online EZNET System or with PA Form</li><li>• Please refer to the CHA Quick Reference Guide for guidance on services/codes that do not require a Prior Auth</li></ul>		
<input type="checkbox"/> Consultation	<input type="checkbox"/> Evaluation and Treatment	<input type="checkbox"/> Follow-Up Visit(s):
Diagnosis(s):		
Clinical Summary Remarks: (Please attach ALL pertinent documentation to support the reason for visit.)		

- *A copy of this referral should be filed in the medical record of both the originating physician and the consulting physician.*
- *This referral does not guarantee payment of non-covered services or if a patient is not eligible.*