**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.

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| **Date of Request:**Date of Request: |
| **PATIENT INFORMATION** |
| **Patient Name:** | **Patient DOB:** | **ID Number:** |
| **Patient Address:****Parent/ Guardian Name:** | **Guardian Name:** | **Parent/Guardian Phone:** |
| **REQUESTING PROVIDER INFORMATION** **(provider who is initiating the referral)** |
| **Name of Person Completing Referral Form:** |
| **Name of Referring Physician:** |
| **Clinic/Office Address:** |
| **Telephone Number:** | **Fax Number:** |
| **REFERRAL TO SPECIALIST INFORMATION** **(name of provider you would like the patient to see)** |
| **Name of Recipient Provider:** |
| **Clinic/Office Address:** |
| **Telephone Number:** | **Fax Number:** |
| **REFERRAL SERVICE****(Description of the service that is being requested by the referring provider)** |
| * This Referral Form is for Evaluation & Management (E&M) Consultation services to an in-network Specialist with CHA
* All Podiatry services require PA (including consults/E&M codes); please submit via online EZNET System or PA Form
* Ophthalmology services require PA (excluding E&M codes and codes 92015, 92060, and 92250); please submit via online EZNET System or with PA Form
* 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
* Please refer to the CHA Quick Reference Guide for guidance on services/codes that do not require a Prior Auth
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|  **□ Consultation**  | **□ Evaluation and Treatment** |  **□ 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.***