

Primary Care Provider (PCP) Referral to Specialist

Fax: 919-765-7508

Note: Not valid for referring to a non-participating provider**Date Form Created:****Member Information: All Information Required**

Member Name:	
Member ID#: Note: Please include the J plus 8 numbers	
Member Date of Birth:	

Provider Information: All Information Required

PCP Name:		PCP Individual NPI:	
Specialist Name:		Specialist Individual NPI:	

Reason for Referral: All Information Required

Is this a new referral Y/N?	<input type="checkbox"/>	<input type="checkbox"/>	Referral Dates:	Start:	
	Yes	No		End:	
Total # of Visits:					
Diagnosis Code:					

Type of Service to be Rendered (check one)*Note: Services requiring Prior Approval, do not need a Specialist Referral**Note: Select only one service type, per referral form*

<input type="checkbox"/>	Cardiac Rehab	<input type="checkbox"/>	Nutritional Counseling	<input type="checkbox"/>	Pulmonary Rehab
<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Physical & Occupational Therapy	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Diabetic Teaching			<input type="checkbox"/>	Wound Clinic
<input type="checkbox"/> Other Service Not Requiring Prior Approval Level of Referral (check one below) <input type="checkbox"/> Level 1 <i>Evaluation Only</i> <input type="checkbox"/> Level 2 <i>Evaluation & Diagnostics (including labs and x-rays)</i> <input type="checkbox"/> Level 3 <i>Evaluation, Diagnostics & Treatment (up to and including surgery)</i>					