Michigan HealthCare Referral Form

Date Written: ☐☐ ☐☐ ☐☐☐☐ Revised Referral: ☐

Patient Name: _____ (LAST) _____ (FIRST)

MEMBER I.D. # / Suffix: ☐☐☐☐☐☐☐☐☐☐☐☐☐ DOB: ☐☐ ☐☐ ☐☐☐☐

Plan Name: ☐ BCN ☐ Blue Choice ☐ CAPE ☐ Care Choices ☐ GLHP ☐ HAP ☐ Health Plan of MI
Please see member ID card to verify product line coverage: ☐ M-CARE ☐ Molina ☐ OmniCare ☐ Total Health Care ☐ Wellness Plan ☐ Other_____

Check if Applicable: ☐ **Worker's Comp.** ☐ **Auto Accident**

Referred By:
PCP Name: _____ (LAST) _____ (FIRST)
Phone Number: ☐☐☐ ☐☐☐ ☐☐☐☐ NPI #: ☐☐☐☐☐☐☐☐☐☐
Fax Number: ☐☐☐ ☐☐☐ ☐☐☐☐ Plan Assigned Provider ID#: ☐☐☐☐☐☐☐☐☐☐

Referred To:
Provider's Name: _____ (LAST) _____ (FIRST)
Phone Number: ☐☐☐ ☐☐☐ ☐☐☐☐ NPI #: ☐☐☐☐☐☐☐☐☐☐
Fax Number: ☐☐☐ ☐☐☐ ☐☐☐☐ Plan Assigned Provider ID#: ☐☐☐☐☐☐☐☐☐☐
Address: _____ (STREET)
_____ (CITY) _____ (STATE) ☐☐☐☐☐ (ZIP CODE)

ICD-9 Dx Code: ☐☐☐ - ☐☐ ☐☐☐ - ☐☐
☐☐☐ - ☐☐ ☐☐☐ - ☐☐ Start Date: ☐☐ ☐☐ ☐☐☐☐ End Date: ☐☐ ☐☐ ☐☐☐☐

Location: ☐ **Provider Office** ☐ **Outpatient Hospital** ☐ **ER/UCC**

* Facility Number: ☐☐☐☐☐☐☐☐☐ Facility Name: _____

* Date of Service: ☐☐ ☐☐ ☐☐☐☐

IF FOR AMBULATORY SURGERY, LIST CPT4 BELOW

Specific Services Requested

Consult or Office Visit ☐

PLEASE SPECIFY THE NUMBER OF OFFICE VISITS ☐☐☐

☐ Diagnostic Laboratory / Pathology **
☐ Radiology / Imaging **
☐ Diagnostic / Therapeutic Studies **
☐ Injections & IV Therapy **
☐ Allergy **
☐ Audiology / Evaluation
☐ Cast / Fracture Care
☐ Oncology Services
☐ Dialysis
☐ OB / Perinatology
☐ Ophthalmological Services
☐ Surgery ** ☐☐☐☐☐ (CPT code)
(complete location section above)
☐ Pain Management **
☐ Therapy ** **(indicate # of visits)** ☐☐ Physical ☐☐ Occupational ☐☐ Speech ☐☐ Cardiac

Optional: to authorize only specific services, write in CPT Codes here:
☐ Other ☐☐☐☐☐☐☐ ☐ Other ☐☐☐☐☐☐☐
☐ Other ☐☐☐☐☐☐☐ ☐ Other ☐☐☐☐☐☐☐
☐ Other ☐☐☐☐☐☐☐ ☐ Other ☐☐☐☐☐☐☐

COMMENTS: _____

* Required for ER/UCC, Therapy & Outpatient services. ** Refer to specific plan instructions.

THIS REFERRAL DOES NOT GUARANTEE PAYMENT. PLEASE CONTACT THE HEALTH PLAN TO VERIFY MEMBER ELIGIBILITY AND COVERED BENEFITS.

Copyright, 1999
Michigan Association of Health Plans
All Rights Reserved

Revised March 2003