



# Referral Form\*

## Re: Medicare Advantage Patients

Primary care physicians need only request an **initial** referral to a participating specialty physician. The referral will be "open-ended": i.e., the PCP will not need to call in again to extend or renew the referral.

- PCPs may still limit the referral by specifying a referral duration.
- This policy does not apply to referrals for podiatry or dermatology.** For those specialties, PCPs must specify a referral duration. If they do not, the referral will be for 3 months.
- Providers must supply referral information to the Plan **on or before** the date the member is to receive the specified care.
- Referrals to non-participating specialists require pre-authorization. Fax a Letter of Medical Necessity to (716) 847-0047 or 1(800) 404-1442.
- Payment of a claim is contingent upon medical necessity and the member's eligibility and benefits on the date of service.
- PCPs or referring specialists must notify the Plan of inpatient admissions by calling (716) 857-4500 or 1(800) 610-1113.

## Re: Univera Community Health Patients

"Open-ended" referral policy does **not** apply. PCPs must specify a duration. If they do not, the referral will be for three months.

- Referrals to non-participating specialists require pre-authorization. Call 1 (888) 638-7149.

Select one:  New Patient  Existing Patient

Expedite?  Yes  No

Today's Date: \_\_\_\_\_ Referral Number (for internal use): \_\_\_\_\_

Referring Physician ID Number: \_\_\_\_\_

Referring Physician NPI Number: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Fax Number: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Member Name: \_\_\_\_\_

Primary Diagnosis Code: \_\_\_\_\_

Date of Onset (if known): \_\_\_\_\_

If applicable, please indicate if there is other insurance (select one):

Worker's Compensation  No-Fault Insurance  Other \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Specialist Name: \_\_\_\_\_  
last first middle initial

Specialty: \_\_\_\_\_

Referral Start Date: \_\_\_\_\_

Referral Duration (Select one. If no option is checked, the referral will be open-ended except for podiatry, dermatology, or behavioral health. For those specialties, the default referral will be 3 months.)

Open-ended  1 month  3 months  6 months  12 months

## The referring physician authorizes this specialist to provide the following care to this patient:

Consultation, excluding diagnostic testing and treatment (one visit).

Consultation with diagnostic testing, excluding treatment (one visit).

Consultation, diagnostic testing, and treatment, excluding authorization to admit this patient.

Consultation, diagnostic testing, treatment, and authorization to admit this patient. (Providers must notify the Plan at (716) 857-4500 or 1(800) 610-1113 prior to any inpatient admission.)

Extend existing referral to specialist. Enter referral number \_\_\_\_\_

Second opinion, excluding treatment (one visit).

## Phone, fax, or mail this referral to

Phone or fax **Univera Healthcare** referral to: Phone: (716) 857-4500 or 1 (800) 610-1113 Fax: (716) 857-4694 or 1 (800) 245-3370  
Phone or fax **Univera Community Health** referral to: Phone: 1 (888) 638-7149 Fax: 1 (888) 273-8296.

\*Referrals are required for SeniorChoice and Univera Community Health members, only.