

Referral Form

Effective 1/1/04, 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 new 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.
- This policy does not apply to behavioral health referrals. The duration of those referrals are determined by the Behavioral Health Department.
- 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) 857-6361 or 1(800) 465-1373
- Payment of a claim is contingent upon medical necessity and the member's eligibility and benefits on the date of service.
- The Plan reserves the right to deny claims submitted **more than 90 days** after 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.

Select one: New Patient Existing Patient

Expedite? Yes No

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

Referring Physician ID Number: _____

Referring Physician Name: _____

Referring Physician Fax Number: _____

Member ID Number: _____

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: Referral Services
205 Park Club Lane
Buffalo, NY 14221
Phone: (716) 857-4500 or 1(800) 610-1113
Fax: (716) 857-4694 or 1(800) 245-3370

