IMPERIAL INSURANCE COMPANIES

REFERRAL REQUEST FORM

Fax request to (214) 452-1905 for outpatient. Facility/Inpatient requests fax to (214) 452-1906

Date Submitted_____

☐ **STANDARD** ☐ **URGENT**

Referring Provider_____ **Phone #**_____ **Fax #** _____

☐ **OFFICE** ☐ **AMBULATORY SURGICAL CENTER** ☐ **OUTPATIENT HOSPITAL** **REQUESTED DATE OF SERVICE** _____

☐ **HOME** ☐ **DME** ☐ **INPATIENT/ACUTE** ☐ **REHAB/ LTAC** ☐ **SNF** **SCHEDULED ADMIT DATE** _____

Member Name (full name)_____ **Date of Birth** _____

Member ID# _____ ☐ **Other Insurance/Worker's Comp**_____

PCP Name_____ **PCP Phone #** _____

Requested Services

CPT/HCPCS Code_____ **Qty**_____ ☐ **units** ☐ **visits** **Procedure description** _____

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Diagnosis

ICD code_____ **Dx description**_____ **ICD code** _____ **Dx description**_____

ICD code_____ **Dx description** _____ **ICD code** _____ **Dx description**_____

Requested Specialist/Provider

Name_____ **Specialty** _____

Phone #_____ **Fax #** _____

Tax ID#_____ **NPI #** _____

Requested Facility

Facility Name_____ **Phone #** _____

Tax ID#_____ **NPI #** _____

Please Attach Clinicals/Therapy/Prescription/Imaging to support Medical Necessity

Only completed referrals will be processed. Do not combine multiple requests for different specialties in a single fax

This referral is valid only for services authorized on this form. *This Referral Form does not guarantee payment by IHHMG or the Health Plan. Responsibility for payment shall be subject to member eligibility, benefit limitations, and the interpretation of benefits under applicable subrogation and coordination of benefits rules. As the Primary Care Physician (PCP), I am referring this patient to you for the above treatment. For any other services it will be necessary to obtain an additional referral authorization. National Drug Code (NDC):*
(The NDC of the requested medication is required for proper adjudication and billing purposes. Requests submitted without the NDC will be considered incomplete and may result in processing delays or denials.)