HealthPlan OF SAN MATEO

701 Gateway Blvd., Suite 400, South San Francisco, CA 94080
TEL: 650-616-0050 • FAX: 650-829-2079 • TTY: 1-800-735-2929

REFERRAL AUTHORIZATION FORM

Part I For Referring PCP to Complete For Initial Consult Only

Check one program:

- ❑ Medi-Cal
- ❑ Healthy Families
- ❑ Healthy Kids
- ❑ HeathWorx

Instructions for PCP

1) Please complete Part I of the form and give a copy to the patient to bring to the Specialist
2) Fax a copy of the completed Part I to HPSM at **650-829-2079**. URGENT FAX: **650-829-2021**
3) Incomplete or illegible forms will be returned.

Today's Date

PCP Provider Number

(RAF IS ONLY VALID FOR 90 DAYS FROM RECEIPT AT HPSM FOR THE INITIAL CONSULT)

PCP Phone Number

Ext.

PCP Fax Number

PCP Name

PCP Signature

Patient Name

Date of Birth

Member ID Number

Address

Patient Phone Number

Alternate Phone Number

Diagnosis

ICD–9 Code

Reason for Referral

OPTIONAL: ❑ Consult Only ❑ Standing Referral for 1 Year

Specialist Name

NPI #

Specialist Address

Specialist Phone Number

Specialist Fax Number

HPSM USE ONLY

Date of Receipt from PCP

Authorization Number

Date of Receipt from Specialist

Part II for Specialist to Complete for Additional Visits

Instructions for Specialist

1) Please include the AUTH# above on your submitted claims. If the AUTH# is blank, please contact HPSM Health Services Department at **650-616-2070**. If you do not have an AUTH#, payment for services may be denied.
2) Please complete Part II. Fax a copy of the completed form to the PCP and to HPSM at **650-829-2079**. Urgent Fax: **650-829-2021**. Please note: this form does not meet the requirements for reporting.

Date of Initial Visit

ICD–9 Code

Specialist's Diagnosis

Treatment Plan (PROVIDE SUFFICIENT DOCUMENTATION TO SUPPORT REQUEST)

Additional Visits Requested: ____________ Visits In ____________ Weeks / Months (circle one)

(MAXIMUM OF 12 VISITS IN 3 MONTHS FROM DATE OF INITIAL VISIT, DEPENDENT ON MEMBER ELIGIBILITY AT TIME OF VISIT)

Specialist's Signature

PLEASE NOTE: REIMBURSEMENT IS SUBJECT TO MEMBER AND PROVIDER ELIGIBILITY AT THE TIME OF SERVICE AND IS LIMITED TO COVERED SERVICES