HealthPlan OF SAN MATEO
Healthy is for everyone

- [ ] Routine
- [ ] Urgent

801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
Tel: 650-616-2070
Fax: 650-829-2079
TTY: 800.735.2929 or dial 7-1-1
www.hpsm.org

ACE Referral Authorization Form (RAF)

Referring Clinician Affiliation (check one):

Primary Care

- [ ] San Mateo Coastside Clinic
- [ ] Daly City Clinic Adult
- [ ] Fair Oaks Clinic
- [ ] North East Medical Services
- [ ] South San Francisco Clinic
- [ ] Daly City Youth
- [ ] San Mateo Medical Center
- [ ] Ravenswood/Belle Haven

Specialty

- [ ] 39th Avenue Clinic
- [ ] SMMC Specialty Clinic
- [ ] Ron Robinson
- [ ] Sequoia/Teen Wellness Clinic

Patient Information:

First Name: ____________________ Last Name: ____________________

Date of Birth: __________ Phone: ______________ HPSM/ACE ID# ______________

Address: ____

Submitting Provider Information:

Provider/Vendor/Specialist: ____________________ Phone: ______________

Address: ____________________ Fax: ______________

Submitting Provider NPI: ______________

Rendering Provider Information:

Provider/Vendor/Specialist: ____________________ Phone: ______________

Address: ____________________ Fax: ______________

Rendering Provider NPI: ______________

PCP Request:

ICD-10 Code: ______________ ICD-10 Code: ______________

Reason for Outside Referral: ____

Treatment or Service Requested: ____

Type of Service:
- [ ] Consult and Treat
- [ ] DME & Medical Supplies
- [ ] LTC
- [ ] Home Health
- [ ] Orthodontics
- [ ] Other services or supplies: ______________

Requesting Physician Name: ______________ Phone: __________ Fax: __________

Signature: ____________________ Date: ______________

Note: Please forward consultation notes under separate cover to referral providers. Please fax completed forms to the Health Plan of San Mateo at **650-829-2079**. More information and form instructions are on the next page.

Save

Print

Instructions for Referring Providers

1. Please complete this form and fax it to the Health Plan of San Mateo at **650-829-2079.** Incomplete or illegible forms will be returned.
2. Once the referral is approved, give a copy of this form to the patient to make an appointment with the Specialty or Out of Network Provider.

Instructions for Providers of Service / Referral Providers

1. HPSM is contracted to process authorizations and claims on behalf of San Mateo Medical Center (SMMC). Final payment will be issued by SMMC.
2. This RAF is only valid for 90 days from receipt at HPSM for initial consult.
3. If you believe additional services are required, please contact the referring provider to develop a treatment plan. The referring provider must submit a new referral request to HPSM for the additional services to be covered.
4. Some services require prior authorization. Contact HPSM for more information on submitting a Treatment Authorization Request at **650-616-2070**.
5. Authorization does not guarantee payment. Payment is subject to patient's eligibility. Be sure the ID card is current before rendering service.
6. Submit claims ***within 30 days*** to:

   Health Plan of San Mateo
   801 Gateway Blvd., Suite 100
   South San Francisco, CA 94080

For more information or help on this request, please call HPSM Health Services at 650-616-2070.

Outside provider acceptance of the referral and provision of services thereof constitutes agreement to all San Mateo County terms and provisions of payment. Moreover, by acceptance of this referral, outside provider agrees to hold harmless and indemnify San Mateo County for all losses, claims, damages, injuries, illnesses, or death to patient due to the negligence of outside provider. Reimbursement for payment made will be expected if patient is granted Medi-Cal retroactively within 30 days of notification to outside provider.