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**\*\*\*REQUESTS NOT CERTIFIED AS URGENT WILL BE PROCESSED AS ROUTINE\*\*\***

## LOS ANGELES MEDICAL CENTER IPA

### Referral Request Form

Tel (951) 280-7700 Fax (951) 280-8214

**\_\_\_ Medically Urgent – PHYSICIAN CERTIFICATION OF MEDICAL URGENCY IS MANDATORY**

I \_\_\_\_\_ certify that this request is medically urgent due to the following reasons: \_\_\_\_\_  
 (Print name of Physician)

MD Signature: \_\_\_\_\_

**Referral number does not guarantee payment. Member must be eligible at time of service.**

<b>Patient Last Name</b>					<b>First Name</b>					<b>Gender</b>					<b>D.O.B.</b>					<b>Age</b>									
<b>Address</b>										<b>Phone</b>										<b>Subscriber ID # / ID #</b>									
<b>City, State, Zip</b>										<b>Health Plan</b>										<b>LOB:</b>									
<b>REFERRING PROVIDER</b>															<b>NPI #</b>														
<b>Name</b>										<b>Address</b>																			
<b>Phone</b>					<b>Fax</b>					<b>Provider Signature</b>					<b>Date</b>					<b>Office Contact</b>									
<b>REQUESTED PROVIDER (Physician, Facility, Service)</b>															<b>NPI #</b>														
<b>Name</b>										<b>Address</b>																			
<b>Phone</b>					<b>Fax</b>					<b>Comments</b>																			
<b>PCP (If different from Referring Provider above)</b>															<b>NPI #</b>														
<b>Name</b>					<b>Office Contact</b>					<b>Phone</b>					<b>Fax</b>														

<b>Diagnosis</b>										<b>ICD-10 Code MANDATORY</b>														
<b>IMPORTANT-ATTACH ALL APPROPRIATE PROGRESS NOTES, LAB AND X-RAY RESULTS TO SUPPORT YOUR REQUEST.</b>																								
<b>SERVICES REQUESTED – Please Be Specific (i.e., consult, follow-up, treatment, DME, etc.)</b>																								
<b>Procedure Code (CPT) MANDATORY</b>																								

<b>THE FOLLOWING MANDATORY INFORMATION MUST BE SUBMITTED TO SUPPORT YOUR REQUEST:</b>																								
1. DOCUMENTATION OF FAILED CONSERVATIVE TREATMENT – NOTES INCLUDING INITIAL TREATMENT AND FOLLOW UP CARE PROVIDED																								
2. ALL IMAGING STUDIES AND LABS RELATED TO THE ABOVE DIAGNOSIS																								
3. ALL PERTINENT PREVIOUS CONSULT REPORTS																								
4. LIST OF MEDICATIONS USED TO TREAT THE ABOVE DIAGNOSIS																								

**Services Approved are Contingent on Eligibility, Benefits and Billing Guidelines.**

Mail claims to: LOS ANGELES MEDICAL CENTER IPA 2115 Compton Avenue Department 100, Corona, CA 92881-7273