

# PARTICIPATING PROVIDER REFERRAL FORM

## NEIGHBORHOOD HEALTH PARTNERSHIP

Fax completed form with pertinent clinical information to 800-731-2515

- Please be advised, failure to comply with Utilization Management certification protocol will result in non-payment of your claim.
- **Verification of benefits, eligibility , or authorization of a service is not a guarantee of payment. Payment remains subject to all of the terms and conditions of the member's benefit plan, including exclusions and limitations. If this member's coverage has a pre-existing condition exclusion, payment will be subject to a pre-existing condition investigation at the time claims are filed.**
- All Specialist referrals must be made by a Primary Care Physician.

### InteractiveVoice Response System (IVR) or Website

Have you attempted to use the IVR or the NHP website to receive authorization for this request?

- Yes  
 No

All request for all specialists, with the exception of Hematology/Oncology, Plastic and Reconstructive Surgery, Perinatology and Neonatology must be made through the IVR by calling 305-715-2477 or the NHP website at [www.mynhp.com](http://www.mynhp.com). If you need assistance on how to use the IVR or NHP website, please contact our Provider Relations department at 305-715-2490.

The following professional services do not require a referral:

- Chiropractic (Subject to limitations of contract)
- Dermatology (Five visits per calendar year)
- Gynecology (Five visits per calendar year including one well-woman visit)
- Podiatry (Subject to limitations of contract)

**Appointment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ICD-9 Code: \_\_\_\_\_

### Requesting Provider Information

PCP Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### Referral Information

Referral Provider: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider ID: \_\_\_\_\_

- Level 1: Consult only. One visit within 60 days.
- Level 2: Consult and diagnostic testing in the physician office. Three visits within 90 days.
- Level 3: Consult, diagnostic and treatment in the physician office. Three visits within 90 days.