



Send to:

**AmeriHealth Caritas VIP Care Plus**  
 Claims  
 P.O. Box 853914  
 Richardson, TX 75085-3914  
**Fax to:** 1-888-656-2431

# REFERRAL FORM

Member's name	Member's ID number	Member's date of birth
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Requesting primary care provider (PCP) name	Requesting PCP group ID
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**AMERIHEALTH CARITAS VIP CARE PLUS PROVIDERS PLEASE NOTE:**

- Referral by the PCP does not guarantee payment.
  - Payment is based on the member's eligibility at the time of service and medical necessity for services performed.
  - AmeriHealth Caritas VIP Care Plus will only pay for services specifically noted and requested by the PCP and covered under the benefit plan.
  - Services rendered without a referral will not be covered by AmeriHealth Caritas VIP Care Plus.
  - Specialist cannot refer to other specialists. Additional specialty services must be coordinated by the PCP.
  - Please refer to the Provider Manual for information on services that do not require a referral.
- Direct access services that do not require referral:**
- Direct access to women's specialists for routine and preventive services.
  - Direct access to mammography and influenza vaccinations.
  - Direct access to outpatient behavioral health services.

When a PCP determines the need for medical services or treatment, outside of the PCP office, the PCP must approve and/or arrange referrals to a participating specialist, hospital or other outpatient facility. Referrals are valid for 180 days with unlimited visits. All referrals to nonparticipating providers require prior authorization.

**The PCP should follow the steps outlined below prior to advising the member to access services outside of the office:**

- Verify member eligibility.
- Determine if the needed service requires a referral or prior authorization.
- Select a participating specialist, hospital or other outpatient facility for the member's medical needs from the Provider Directory, as appropriate.
- If an appropriate network provider is not listed in the Provider Directory, please call Provider Services for assistance.
- Retroactive rule:** The referral issue date will default to the date the referral is initiated. A manually entered date must be no earlier than 14 calendar days prior to the date the referral is being initiated.

**THIS MEMBER IS BEING REFERRED TO:**

Referral effective date * Please note retroactive rules.	Referrals are valid for 180 days from date of referral request. Date of service must not be prior to date of referral request.	Referral to date
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Servicing provider name	This referral form may only be used for referrals from a PCP to a participating specialist. All referrals to nonparticipating providers require prior authorization.	<b>PLEASE PROVIDE AT LEAST ONE OF THE FOLLOWING:</b>	
		Servicing plan provider ID number	
		Servicing provider tax ID number	
		Servicing provider NPI	

Street address	City	ZIP code
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Diagnosis and ICD code  
 (Please provide all available diagnoses.)

**PCP MUST CHECK ONE OF THE FOLLOWING:**

Specialist visits (except direct access services)	Outpatient diagnostic (therapy, radiological and X-ray services)
Diabetes self-management training	Outpatient diagnostic (procedures, tests and lab services)
Outpatient hospital services or ambulatory surgery center services	Number of visits approved

Comments

Authorizing signature	Contact phone number	Referral request date
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MEMBER COPY

SPECIALIST COPY

AMERIHEALTH CARITAS VIP CARE PLUS COPY

PCP COPY