

# Referral Form

\*Denotes Required Fields.

*Member ID#	*Member Last Name	*Member First Name	*Member Date of Birth
*PCP/PCP Group Name		*PCP/PCP Group ID#	

Passport Advantage Plan members and providers, please note:

- This referral form may only be used for a referral from a PCP to participating specialists/participating urgent care. A non-participating provider requires an authorization.
- Retrospective or incomplete referrals will not be processed. PCP may issue a referral within 24 hours after the specialist visit or within 5 days after an urgent care visit.
- Services rendered without a referral will not be covered by Passport Advantage. Referral by the PCP does not guarantee payment.
- Specialist can not refer to other specialist. Additional specialty services must be coordinated by the PCP.
- Please refer to the Provider Manual for more information on select specialties that do not require referral.
- Please provide a copy of this referral to the specialist and member.

**This member is being referred to: (Use group or facility name/ID unless the provider is a sole practitioner)**

*Referred to	*Referred to Provider ID	*Specialty type
*Street Address	*City	*Zip

\*Diagnosis Code(s)

**\*PCP MUST check ONE of the following**

Referral for CONSULTATION, DIAGNOSTIC STUDIES AND TREATMENT	Good for unlimited visits within CHOOSE ONE: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months Date Range:
Referral for CONSULTATION, DIAGNOSTIC STUDIES AND TREATMENT	Good for limited number of visits CHOOSE ONE: <input type="checkbox"/> 1 visit <input type="checkbox"/> 2 visits <input type="checkbox"/> 3 visits <input type="checkbox"/> 4 visits <input type="checkbox"/> 5 visits <input type="checkbox"/> 6 visits Date Range:
Referral for CONSULTATION ONLY	N/A
Unlimited referral for Transplant	N/A
Urgent Care referral (must be issued within 5 business days of the service)	Date of Urgent Care Visit:
*Signature:	*Date:

Send a copy of this completed form to PassportAdvantage: Fax 502-212-6910  
or email: PADReferrals@passporthealthplan.com