

US FAMILY HEALTH PLAN

For Official Use Only



US FAMILY HEALTH PLAN Instructions for Completing the Referral/Authorization Form

PCP Referral to Specialist (Initial INN specialist office visit does not require PCP referral but any subsequent INN specialist office visits require PCP referral. All OON specialist visits required PCP referral & USFHP approval)

Complete the following Sections:

- Date of Request
- Level of Service
- Member Information
- Provider Information, Primary Care Physician section
- Specialist Information
- Office Visit Information
- Request for Other Services, if applicable
- Diagnosis/Procedure Information
- To Be Completed by Requesting Physician
- Physician Signature and Date

PCP Referral for Services

Complete the following Sections:

- Date of Request
- Level of Service
- Member Information
- Provider Information, Primary Care Physician section
- Request for Other Services, if applicable
- Diagnosis/Procedure Information
- To Be Completed by Requesting Physician
- Physician Signature and Date

Specialist Request for Additional Visits or Services

Complete the following sections:

- Date of Request
- Level of Service
- Member Information
- Requesting Specialist
- Office Visit Information
- Request for Other Services, if applicable
- Diagnosis/Procedure Information
- To Be Completed by Requesting Physician
- Physician Signature and Date

All referrals and request for additional visits or services required clinical and completed referral/authorization form.

