

Part I

NON-URGENT **URGENT** (response needed within 3 business days) **STAT** (response needed within 24 hrs due to medical necessity)

CLINICALLY PERTINENT REASON ▶

Note: Appointment/Scheduling is not considered medically urgent.

* REQUIRED FIELDS	Patient (Last Name, First Name)	Date of Birth*	Insurance Number*
	Requesting PHC Provider* (Last Name, First Name)	Patient's PCP (Last Name, First Name)	

PHC Physician's Signature* ▶

Note: Authorized signatures must be obtained from providers participating with the PHC network.

Contact Person	Phone Number	Fax Number*
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Reason for Referring Out-of-Network?

Note: Additional documentation may be required and requested. Insufficient information may delay processing of your referral.

Check the appropriate box:*

- Continuity of Care
 Patient Preference
 Patient Referred Self
 No PHC Provider Available
 No Other HMO Provider Available

Further Explanation Required* ▶

Part II Referring Patient To

Note: Non-HMSA and out-of-state providers require an HMSA Administrative Review.

Rendering Provider*	Specialty / Specialties		
Location (Address, City, State, Zip Code)		Phone Number	
Start Date*	End Date*	Total Number of Visits	Diagnosis (descriptions only)*

Requested Services (check all that apply)

- Office Consultation
 Follow Up Visit(s)
 Hospital Visit(s)
 Rehabilitation
 Durable Medical Equipment
 Laboratory
 Pharmacy
 Injectables
 Sleep Study
 Other (specify) ▶

Referral Determination To be filled by Partners for Quality Health, LLC

Disclaimer: Approval does not guarantee payment of claim.

Medical Director's Signature ▶

Date ▶

APPROVED

- One visit only.
 Please have patient establish within PHC Network:

NOT APPROVED

- In-network provider available.

NOT APPLICABLE

- NOT a PHC member.
 NO response to inquiry.
 In-network provider; referral not necessary.
 Requires an HMSA Administrative Review. Please contact HMSA Medical Management at (808) 948-6464.

- Non-HMSA and out-of-state providers require an HMSA Administrative Review.
- Be aware of HMSA benefit caps on PT/OT services.
- Please pre-certify services and products with HMSA's current guidelines.
- Payment is subject to plan benefits and member eligibility at time of service.

Referral Management Notes ▶

Revised 8/2016 A