

NON-URGENT **URGENT** (response needed within 3 business days) **STAT** (response needed within 24 hours 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 PHC network.

Contact Person	*Phone Number	*Fax Number
----------------	---------------	-------------

***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 ▶**

Referring Patient To

Note: For non-HMSA and out-of-state providers please contact HMSA Medical Management (808) 948-6464.

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

Requested Services (check all that apply)

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

REFERRAL DETERMINATION

To be filled by Partners for Quality Health

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.

- Approval does not guarantee payment of claim.
- 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.

Visit www.pmaghawaii.org/directory for current PHC participating physicians.

Referral Management Notes ▶

Revised 10/2019A