



Referral Form Submission Instructions

For a faster determination:

Complete fields marked with asterisk ()

Include most recent supporting Clinical documentation/ Progress Notes

**Include Fax numbers to fax the decision back and Phone number to contact your office in case of additional questions.

Patient Demographics – Patient information

Referring Physician – Physician requesting services

Referred To – Physician rendering services (the referring physician and referred to can be the same Physician)

Referral Place of Service, phone/address – Name of Facility (if outside of Physician office), phone number and address where services will be rendered.

Referred To Fax # - Fax number of dept/person to be notified of determination

Expected Date of Service –

For Pre-Authorization: Please leave blank if you don't know when the service will be rendered.

For Retrospective Review: Date(s) that service(s) were provided

ICD-10 Code – International Classification of Disease identified by Referring Physician

Diagnosis – Description of ICD-10 Code

CPT Code & Qty – Current Procedural Terminology requested by referring Physician, and quantity of the code.

Note: Authorizations are valid for 90 days only

Description of Service & Qty - Description of CPT code and quantity needed

Inpatient – Circle yes or no if services requested require inpatient stay

Retro Active Request –

For Pre-Authorization: Circle "No"

For Retrospective Review: Circle "Yes"

Referring physician notes – Note section for any important information to support referral

Pre-Authorization – *The Plan Sponsor requires pre-service review for all services with exception of: Consultations, office or other outpatient visit for an established patient done by a Prime Healthcare provider, Office PCP visits, diagnostic testing performed at a Prime Facility, Annual Well Care, Urgent Care and Emergency Room visits. PCP should initiate requests however Specialists should submit requests for further care after initial visit.*

Retrospective Review – *The plan sponsor will review retrospective requests for in-network (Tier I) providers after services have been provided. All other providers can request retrospective review after services were provided **AND** claim has not been billed.*

Determination Timelines:

Urgent: Up to 72hrs

Routine: 7-10 Business days

Retro: Up to 30 business days



Prime Healthcare

Self-funded Employee Medical Plan

Pre-Authorization –The Plan Sponsor requires pre-service review for all services with exception of: PCP visits, diagnostic testing performed at a Prime Facility, Annual Well Care, Urgent Care and Emergency Room visits. PCP should initiate requests however Specialists should submit requests for further care after initial visit.

Note: Without filling out the fields that are marked with asterisk (*), the decision for the requested Authorization will be delayed exceeded the expected turnaround time.

*Patient Name	Hospital of Employment (Subscriber)
*Home Address	*Phone
*Date of Birth	*Member ID Number
*Referring Physician & Phone	Primary Care Physician & Phone
*Referred to	
*Referral place of service, phone/address	
Expected Date of Service (valid for 90 days from authorization) Date: _____	
*ICD-10 Code _____	
*Diagnosis	
*CPT Code & QTY _____	
*Description of Service & QTY _____	
*Inpatient? Yes No	RetroActive Request? Yes No
Referring physician's notes	Return Fax # _____

Please include recent labs, pertinent imaging reports, problem list, allergies and relevant clinical notes	
X _____	
(Referring Physician Signature) (Date)	
Prime UR Department use only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending (additional information required)	
UR Director's Notes	

Referral Tracking Number (valid as authorization number, if approved) _____	

PROVIDERS – Fax Referrals and any supporting documentation to:

Prime Healthcare Utilization Review Department

Primary Fax: 1-909-235-4414 Alternate Fax1: 1-909-235-4404 Alternate Fax2: 1-909-235-4427

Referral Questions: call toll free 1-877-234-5227

Member Eligibility and Benefit Summary: call toll free 1-888-773-7218

***Mandatory Field**