HealthPlan OF SAN MATEO

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080
TEL:650-616-0050 • FAX:650-829-2079 • TTY:1-800-735-2929

REFERRAL AUTHORIZATION FORM

Part I For Referring PCP to Complete For Initial Consult Only

Check one program:

- ☐ Medi-Cal
- ☐ Healthy Families
- ☐ Healthy Kids
- ☐ HeathWorx

Instructions for PCP

1) Please complete Part I of the form and give a copy to the patient to bring to the Specialist
2) Fax a copy of the completed Part I to HPSM at **650-829-2079**.
3) Incomplete or illegible forms will be returned.

Today's Date

PCP Provider Number

(RAF IS ONLY VALID FOR 90 DAYS FROM RECEIPT AT HPSM FOR THE INITIAL CONSULT)

PCP Phone Number | Ext. | PCP Fax Number

PCP Name | PCP Signature

Patient Name | Date of Birth | Member ID Number

Address

Patient Phone Number | Alternate Phone Number

HPSM USE ONLY

Date of Receipt from PCP

Authorization Number

Date of Receipt from Specialist

Diagnosis | ICD–9/ICD-10 Code

Reason for Referral

OPTIONAL: ☐ Consult Only ☐ Standing Referral for 1 Year

Specialist Name | NPI #

Specialist Address

Specialist Phone Number | Specialist Fax Number

Part II for Specialist to Complete for Additional Visits

Instructions for Specialist

1) Please include the AUTH# above on your submitted claims. If the AUTH# is blank, please contact HPSM Health Services Department at **650-616-2070**. If you do not have an AUTH#, payment for services may be denied.
2) Please complete Part II. Fax a copy of the completed form to the PCP and to HPSM at **650-829-2079**. Please note: this form does not meet the requirements for reporting.

Date of Initial Visit | ICD–9/ICD-10 Code

Specialist's Diagnosis

Treatment Plan (PROVIDE SUFFICIENT DOCUMENTATION TO SUPPORT REQUEST)

Additional Visits Requested: _____ Visits In _____ Weeks / Months (circle one)
(MAXIMUM OF 12 VISITS IN 3 MONTHS FROM DATE OF INITIAL VISIT, DEPENDENT ON MEMBER ELIGIBILITY AT TIME OF VISIT)

Specialist's Signature

PLEASE NOTE: REIMBURSEMENT IS SUBJECT TO MEMBER AND PROVIDER ELIGIBILITY AT THE TIME OF SERVICE AND IS LIMITED TO COVERED SERVICES