



PINAL COUNTY

Wide open opportunity

PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
CHIROPRACTIC SERVICES
PLEASE FAX ALL REQUESTS TO (520) 866-6717

Member Name: _____ ID# _____ DOB _____
 Medicare A B Other Insurance: _____
 Name of Nursing Home/ALF: _____
 EPSDT eligible member? Yes No CRS eligible member? Yes No
 Service Provider Number: _____
 (AHCCCS# of Provider referred to)
 Service Provider Name: _____
 (Name of Provider referred to)
Service Requested: _____
 Date of Service: _____ Appointment Time: _____
 Diagnosis Code: _____
 Requested CPT Code: _____ Est. Cost: _____
URGENCY STATUS for Chiropractic Services (see * for definitions of status):
 Standard (Based on members condition – Not to exceed 14 days)
 Expedited – Urgent (within 3 days)

Please answer the following questions:

1. What is the diagnosis related to this request referral? _____
2. Reason for referral? _____
3. What more conservative medical therapy has been tried and failed? _____
4. Is there a subluxation which has resulted in a neuromuscular condition? Yes No
 If yes, please explain: _____

PCP/PCP Designee Signature _____
PHONE: _____ **FAX:** _____
 PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records

Please attach the following: (Mandatory)

1. PCP order (if referral form not signed by Physician)
2. Current History and Physical
3. Progress notes related to request for referral)
4. Consultation Notes

***Standard Authorization Request:** A request for which P/GLTC provides a decision as expeditiously as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request with a possible extension of up to 14 calendar days if the member or provider requests an extension of the P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.

***Expedited authorization Request:** A request for which P/GLTC provides a decision to the member as expeditiously as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request with a possible extension of

up to 14 days if the member or provider requests an extension or if P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.