



PINAL COUNTY

Wide open opportunity

PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
DIETITIAN SUBSEQUENT VISITS
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: _____
 Service Requested: _____
 URGENCY STATUS: Standard (Based on members condition – Not to exceed 14 days)
 Expedited – Urgent (within 3 days)
 Please answer the following questions:
 Date of initial dietary assessment? _____
 What further services are being requested? _____
 Reason for subsequent visits? _____

 Dated faxed to PCP _____
 Signature of requesting Registered Dietitian _____

I have reviewed the nutritional assessment and agree that the P/GLTC member would benefit from further dietary intervention.
 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

Dated faxed to P/GLTC _____

Please attach the following: (Mandatory)
 Dietary Assessment

***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.