



PINAL COUNTY
Wide open opportunity

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

MEMBER NAME: _____ MEMBER ID: _____

DOB: _____ OTHER INSURANCE: _____ MEDICARE A B

EPSDT eligible member? Yes NO CRS Eligible member? Yes No

REQUESTED PROVIDER: _____ ID: _____ PHONE: _____ FAX: _____

NAME OF REQUESTED FACILITY: _____

URGENCY STATUS (see * for definitions of status):

- Standard (Based on members' condition – Not to exceed 14 days)
- Expedited – Urgent (within 3 days)

Date of Service: _____ Appointment Time: _____

Services Requested:

Diagnosis Code	Requested CPT Code	CPT Code Description	Diagnosis Code	Requested CPT Code	CPT Code Description

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?

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.

Referring Provider Information:

Provider Name: _____ ID Number: _____ Contact: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Date: _____

PCP/PCP Designee Signature: _____

PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records.

***Standard Authorization Request:** This is a request that P/GLTC provides a decision as promptly as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to reach a decision.

***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 and extension or if P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.

Referral authorization is not guarantee of payment.