



AllCare Referral Form

Issue Date: _____

For use by Primary Care Physicians

To Patient – Bring this form with you when seeing the physician.

To Primary Care Physician - This referral applies to providers contracted with AllCare and located within the local service area. Send white and pink copies to Specialist. Give yellow copy to patient. Retain green copy.

Any Specialty/ Services not listed below requires pre-authorization from AllCare

Specialty Type(s) →	-Rheumatology -Physical Therapy	-Audiology -Cardiac Surgery -Colon & Rectal Surgery -Neurology (excluding - Pain Management) -Cardiology* -Dermatology -Gastroenterology -Hand Surgery -Infectious Disease	-Neurosurgery -Obstetrics & Gynecology -Hematology/Oncology -Ophthalmology -Orthopedic Surgery -Otolaryngology (ENT) -Pulmonary Disease -Thoracic & Cardiac Surgery -Urology -Vascular Surgery	-Allergy & Immunology (excludes serum) -General Surgery (excluding Bariatric Surgery) -Nephrology -Podiatry	-Endocrinology
Initial visits allowed with this referral →	1	1	1	1	1
Number of Follow-up visits allowed with this referral →	2	4	5	10	

*Capitated Specialties for Stanislaus County

To be completed by Primary Care Physician:

Check type of service to be referred: ___ Initial visit & report only ___ Initial visit and follow-up visits – (99213) (see above)

Specialist Information

Print Name of Specialist Referred to: _____ Phone #: _____

Address of Specialist: _____ Type of Specialty: _____

Patient Information

Patient's Name: _____ DOB: _____ Health Plan: _____

Member ID#: _____ Subscriber Name: _____

Diagnosis/reason for referral: _____

ICD-10 Codes: _____

Primary Care Physician (PCP) Information

Print name of referring PCP: _____ Phone: _____

Address of PCP: _____

To Specialist:

- **If you are not contracted with AllCare do not see this patient.**
- This referral expires one (1) year from date of issue.
- Additional services/procedures beyond the initial visit and allowed follow-up visits (see table above) require pre-authorization by AllCare.
- PCP referral is limited to one per 12 month period for the same diagnosis. Additional visits for the same diagnosis require pre-authorization by AllCare.
- Send white copy of this form with your initial billing. Send pink copy of the form with follow-up visit billing.
- If only a consultation is required, please return your report to the referring physician.
- This referral is not a guarantee of payment. **Within 2 days before the actual date of service, the Provider MUST confirm with the member's health plan that the member's coverage is still in effect.** AllCare and/or the health plan reserve the right to revoke this authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.