

PIPA / Physician's IPA
IPA REFERRAL FORM

This form is valid only to refer to certain
IPA Providers as indicated on the Prior Authorization List
Services performed by any other physician
may not be considered for payment.

Patient Information:

Name _____ Date of Birth ___/___/___ Phone _____
ID# _____ Health Plan _____ Effective Date _____
Other Insurance: Primary Secondary Workers' Comp Other _____
Date of Referral _____ Expiration Date _____ **** SEE BELOW**

To be completed by the Primary Care Physician/Referring Provider:

PCP _____ Phone _____ Fax _____ Contact _____
Referred to _____ Phone _____ Fax _____ Contact _____
Address _____ Speciality _____
Date last seen by PCP for this Dx: _____
Diagnosis(1) _____ ICD-9 _____ Diagnosis (2) _____ ICD-9 _____
Pt HX - Hx of disease process, Previous Consults: **SEND DOCUMENTATION**
Dates & Results of Lab/X-Ray Reports: **SEND DOCUMENTATION**
Previous TX and Response:(SEND DOCUMENTATION) _____

Physician Request for: Consult Only Consult & # of Visits: _____
 Special Procedure/Therapy/Other (specify) _____ Facility _____

Referring Physician Signature _____ Date _____

Specialist Response and Recommendation To Referring Provider & PCP

Urgent or Immediate Response - Specialist letter or dictation to follow

Specialist Signature _____ Date _____

**Capitated PCP Referrals To Capitated Specialists Will Be Good For 12 Months From Date Of First Appointment, unless otherwise specified.
**Capitated PCP Referrals To Non-Capitated Specialists Will Be Good For 90 Days From Date Of First Appointment Unless Specified By The PCP as to
the Number Of Visits Or Length Of Referral.
**All Non-Contracted/OOP Referrals Require Prior Authorization.

NOTE TO MEMBER: TREATMENT IS AUTHORIZED AS STATED ABOVE. FURTHER SERVICE MAY NOT BE COVERED UNLESS
PRIOR AUTHORIZATION IS OBTAINED BY THE PRIMARY CARE PHYSICIAN &/OR IPAMC AS DIRECTED.
Mail claims with copy attached to: P. O. Box 95638, Las Vegas, Nevada 89193-5638

Referrals are subject to eligibility and benefits

Effective 2/1/2000; Rev: 6/2001