

REFERRAL/CARE DIRECTION FORM

Please indicate patient's health care coverage with an "X" below:

- Medica Elect/Essential
 Altru & You
 Altru Prime (IFB)
 Clear Value with Medica
 Hennepin Health Care Horizon
 North Memorial Acclaim (IFB)
 Park Nicollet and HealthPartners Medical Group First
 Ridgeview Community Network
 VantagePlus

Today's Date	Patient Birth Date (mm/dd/yyyy)
Patient Name	Patient Medica ID #

A. INFORMATION FOR PATIENT

Directed To	Directed By
Physician Name	Primary Care Provider (PCP) Name
NPI #	NPI #
Federal Tax ID #	Federal Tax ID #
Clinic	Clinic
Address	Address
City State Zip	City State Zip
Phone:	Phone: Fax:

NOTICE TO PATIENT: This authorization is only valid for the physician office, provider, and services listed. Only services covered by the enrollee's benefit document are covered by this form. Reimbursement for services is subject to enrollee eligibility and benefit document at the time of service.

For Elect/Essential members **only:** If additional services are requested, you must contact your primary care physician for a new referral request before making an appointment. Your primary care physician must authorize in advance a new referral in order for additional services to be covered when other than those indicated below.

For Accountable Care Organization (ACO) members **only:** If additional services are requested, you must contact your ACO provider who will determine if care is available within the ACO network or if care direction outside the network is appropriate. Your ACO provider must authorize in advance a new care direction form in order for additional services to be covered when other than those indicated below.

B. INFORMATION FOR THE DIRECTING PROVIDER

This Request is Valid for a Maximum of _____Clinic/Physician Visits From _____ Through _____

Diagnosis Code:

Care Level (circle one): Consult in the Office Consult & Diagnose Consult, Diagnose & Treat

C. INSTRUCTIONS FOR THE PRIMARY CARE PROVIDER

Please fax your referrals If you have questions, you may call PCP contact information in case Medica to the UM Referral Dept. the Medica Administrative Referral has questions about this request: at 952-992-8090. Inquiry Line at 1-800-458-5512. Name:

Phone:

NOTE: For any forms sent 180 days after the date of service, the provider must contact Medica’s Provider Service Center at 1-800-458-5512.

► Copies of this form need to go to the patient, the Medica Referral Department, the primary care physician, and the health care specialist.

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