

**REFERRAL FORM A – PCP**

**TRACKING NUMBER  
IPA USE ONLY**

**Golden Physicians Medical Group Inc.**  
Fax: (760) 631-7602 Phone: (760) 330-9620

Date of Referral Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Member Request**

**Routine**       **Urgent**       **Emergent**

Patient Name: (First, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Patient ID#: \_\_\_\_\_

**Referred To:** \_\_\_\_\_ **ICD-10:** \_\_\_\_\_

**Specialty Type:** \_\_\_\_\_

Referred By: (PCP) \_\_\_\_\_ **Diagnoses:** \_\_\_\_\_

**PCP OFFICE CONTACT :** \_\_\_\_\_

PCP Phone: \_\_\_\_\_

PCP Fax: \_\_\_\_\_

**SIGNATURE OF PCP:**  
(MANDATORY – WILL NOT BE PROCESSED WITHOUT MD SIGNATURE ) \_\_\_\_\_

<b>Procedures/services requested:</b> _____	CPT CODE: _____						
_____	CPT CODE: _____						
_____	CPT CODE: _____						
_____	CPT CODE: _____						
<b>Reason for REFERRAL:</b> _____	<table border="1"> <tr><td><b>Attachment(s)</b></td></tr> <tr><td>Notes: _____</td></tr> <tr><td>Lab: _____</td></tr> <tr><td>EKG/EEG: _____</td></tr> <tr><td>X-Ray _____</td></tr> <tr><td>Other: _____</td></tr> </table>	<b>Attachment(s)</b>	Notes: _____	Lab: _____	EKG/EEG: _____	X-Ray _____	Other: _____
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Notes: _____							
Lab: _____							
EKG/EEG: _____							
X-Ray _____							
Other: _____							
_____							
_____							
_____							
_____							

Place of Service:     Office       Out-Patient      \_\_\_\_\_       In-Patient \_\_\_\_\_

<b>FOR USE BY GOLDEN PHYSICIANS MEDICAL GROUP UM STAFF ONLY</b>		
<input type="checkbox"/> Authorize Date: _____	<input type="checkbox"/> Pending Date: _____	<input type="checkbox"/> Modified Date: _____
<input type="checkbox"/> Denied Date: _____	<input type="checkbox"/> Not a covered benefit.	<input type="checkbox"/> T P L
Comments/Remarks: _____		
<b>UM Signature:</b> _____	<b>Date:</b> _____	
<b>Date PCP Notified:</b> _____	◇Please notify member today of referral status.	

Certification does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions. This certification is good for sixty (60) days from approval date