

Referral Form - Instructions

Effective January 1, 2012, all referral requests must be submitted online via Cerecons. If you do not have a Log-in for Cerecons, please contact them at (800) 864-8160. Faxed Referral requests will only be accepted on special circumstances.

- Please print or type **Legibly**.
- All of the patient demographics section must be filled out completely.
- **Specialty Requested** – Only enter the **Medical Specialty Required** (e.g. Dermatology, Neurology, General Surgery, etc). Please **Do Not** enter a specialty provider's name.

It is imperative that only the specialty be listed on the Referral Form in order to prevent a delay in processing your request.

- For follow-up visits, continuing care (e.g. chemotherapy, dialysis) or other special circumstances, please be sure to document the reason for utilizing a particular provider in the comments section of the Referral Form.
- Please ensure that all required fields are completed accurately.
 - Include documentation to support the need for the services requested.
 - Diagnosis Codes (ICD-9) should be to the highest level of specificity
 - Include Procedure Codes (CPT) and services requested

Incomplete referrals will be returned to your office requesting additional info and will delay the approval process.

- Notification of Referral Status: Please remember to complete this section (located at the top of the form). Document on your copy of the Referral Form the date, time and name of the person notifying the member and file in the patient's chart.
 - Policy states it is the responsibility of the office staff personnel that initiated the referral to notify the patient of the Referral status.

Thank you for your cooperation