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## VANTAGE MEDICAL GROUP Referral Request Form

Tel (951) 280-7700 Fax (951) 280-8200

Routine     Medically Urgent - Reason \_\_\_\_\_ MD Signature: \_\_\_\_\_

Referral number does not guarantee payment. Member must be eligible at time of service.

Patient Last Name					First Name					Gender		D.O.B.		Age	
Address							Phone				Subscriber ID # / ID #				
City, State, Zip							Health Plan								
<b>REFERRING PROVIDER</b>										NPI #					
Name							Address								
Phone			Fax			Provider Signature			Date		Office Contact				
<b>REQUESTED PROVIDER (Physician, Facility, Service)</b>										NPI #					
Name							Address								
Phone			Fax			Comments									
<b>PCP (If different from Referring Provider above)</b>										NPI #					
Name			Office Contact			Phone			Fax						
Diagnosis										ICD-10 Code <b>MANDATORY</b>					
<b>SERVICES REQUESTED</b> – <u>Please Be Specific</u> (i.e., consult, follow-up, treatment, DME, etc.)															
Procedure Code (CPT) <b>MANDATORY</b>															

**THE FOLLOWING MANDATORY INFORMATION MUST BE SUBMITTED TO SUPPORT YOUR REQUEST:**

- DOCUMENTATION OF FAILED CONSERVATIVE TREATMENT – NOTES INCLUDING INITIAL TREATMENT AND FOLLOW UP CARE PROVIDED
- ALL IMAGING STUDIES AND LABS RELATED TO THE ABOVE DIAGNOSIS
- ALL PERTINENT PREVIOUS CONSULT REPORTS
- LIST OF MEDICATIONS USED TO TREAT THE ABOVE DIAGNOSIS

Services Approved are Contingent on Eligibility, Benefits and Billing Guidelines.  
Mail claims to: Vantage 2115 Compton Avenue Department 100, Corona, CA 92881-7273