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WestCliff Lab must be used for all lab testing (no prior auth required). Use of any other lab requires prior auth.

VANTAGE MEDICAL GROUP Referral Request Form

Tel (800) 406-6059 Fax (951) 778-1364

Routine Urgent

Referral number does not guarantee payment. Eligibility must be verified at time of service.

Patient Last Name		First Name		Gender	D.O.B.	Age
Address			Phone		Subscriber ID # / ID #	
City, State, Zip			Health Plan		LOB:	
REFERRING PROVIDER				NPI #		
Name			Address			
Phone	Fax		Provider Signature	Date	Office Contact	
REQUESTED PROVIDER (Physician, Facility, Service)				NPI #		
Name			Address			
Phone	Fax		Comments			
PCP (If different from Referring Provider above)				NPI #		
Name	Office Contact		Phone		Fax	

Diagnosis	ICD-9 Code MANDATORY
<i>IMPORTANT-ATTACH ALL APPROPRIATE PROGRESS NOTES, LAB AND X-RAY RESULTS TO SUPPORT YOUR REQUEST.</i>	
SERVICES REQUESTED – <i>Please Be Specific</i> (i.e., consult, follow-up, treatment, DME, etc.)	
Procedure Code (CPT) MANDATORY	

↓ VANTAGE MEDICAL GROUP Use Only (Please do not write below this line) ↓					
Authorization #	Eligibility Effective Date	Status	Received Date	Decision Date	Exp Date
Comments					

Services Approved are Contingent on Eligibility, Benefits and Billing Guidelines.

Mail claims to: P.O. Box 85909, San Diego, CA 92186-5909