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VANTAGE MEDICAL GROUP Referral Request Form

Tel (800) 406-6059 Fax (951) 248-4790

Routine Urgent

SD Family Care North County San Ysidro La Maestra Borrego Imp Beach Vista Com
 SD Indian Health Family Health Mountain Health Neighborhood Healthcare Operation Samahan

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 CLINIC / PROVIDER | | | | NPI # | | |
| Name | | | Address | | | |
| Phone | | Fax | | Provider Signature Date | | Office Contact |
| PCP (If different from Referring Provider above) | | | | NPI # | | |
| Name | | Office Contact | | Phone | | Fax |
| REQUESTED PROVIDER (Physician, Facility, Service) | | | | NPI # | | |
| Name | | | Address | | | |
| Phone | | Fax | | Comments | | |

| | |
|--|-----------------------------|
| 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