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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