

**PRECERTIFICATION/REFERRAL REQUEST FORM**

Fax request to (806) 553-7319 or Toll-Free Fax (877) 273-3112 or to check referral status call (806) 853-8331

Date Submitted \_\_\_\_\_

STANDARD     URGENT

Referring Provider \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

OFFICE     AMBULATORY SURGICAL CENTER     OUTPATIENT HOSPITAL    REQUESTED DATE OF SERVICE \_\_\_\_\_

HOME     DME     INPATIENT/ACUTE     REHAB/ LTAC     SNF    SCHEDULED ADMIT DATE \_\_\_\_\_

Member Name (full name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member ID# \_\_\_\_\_  Other Insurance/Worker's Comp \_\_\_\_\_

PCP Name \_\_\_\_\_ PCP Phone # \_\_\_\_\_

**Requested Services**

CPT/HCPCS Code \_\_\_\_\_ Qty \_\_\_\_\_  units  visits Procedure description \_\_\_\_\_

CPT/HCPCS Code \_\_\_\_\_ Qty \_\_\_\_\_  units  visits Procedure description \_\_\_\_\_

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CPT/HCPCS Code \_\_\_\_\_ Qty \_\_\_\_\_  units  visits Procedure description \_\_\_\_\_

**Diagnosis**

ICD code \_\_\_\_\_ Dx description \_\_\_\_\_ ICD code \_\_\_\_\_ Dx description \_\_\_\_\_

ICD code \_\_\_\_\_ Dx description \_\_\_\_\_ ICD code \_\_\_\_\_ Dx description \_\_\_\_\_

**Requested Specialist/Provider**

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Tax ID# \_\_\_\_\_ NPI # \_\_\_\_\_

**Requested Facility**

Facility Name \_\_\_\_\_ Phone # \_\_\_\_\_

Tax ID# \_\_\_\_\_ NPI # \_\_\_\_\_

Please Attach Clinicals/Therapy/Prescription/Imaging to support Medical Necessity.  
 Only completed referrals will be processed. Do not combine multiple requests for different specialties in a single fax.  
 This referral is valid only for services authorized on this form. This Referral Form does not guarantee payment by LoneStar Medical Group or the Health Plan. Responsibility for payment shall be subject to member eligibility, benefit limitations, and the interpretation of benefits under applicable subrogation and coordination of benefits rules. As the Primary Care Physician (PCP), I am referring this patient to you for the above treatment. For any other services it will be necessary to obtain an additional referral authorization.