

STANDARD REFERRAL FORM

Referral From	Provider Last Name First Name MI	UPIN	Patient's PCP Name (if not referring provider)
Tax ID	Contact Person's Name	Telephone Number	Fax Number

Patient Information	Last Name	First Name	MI	DOB	MM/DD/YYYY
<input type="radio"/> Male <input type="radio"/> Female	Social Security Number	Patient's Contact Phone	Fluent Language if Not English		Interpreter <input type="radio"/> Yes Required? <input type="radio"/> No
Parent / Legal Guardian Last Name		First Name	MI	Contact Phone	
Subscriber's Last Name		First Name	MI	Subscriber's Social Security #	
Provider Network	Primary Health Plan	Product Name	Plan's Assigned Number	Secondary <input type="radio"/> Yes Coverage? <input type="radio"/> No	

Referral To	Provider Name	At Clinic/Facility/Name		<input type="radio"/> Please Call Patient to Schedule Appointment
Telephone Number	Specialty	# of Requested Visits		<input type="radio"/> Patient to call
Referral is good for _____ months from referral date	Other Considerations		<input type="radio"/> Appt. Date: _____ Time: _____	

Date Referred: _____

ROUTINE URGENT EMERGENCY

Action Requested: Evaluate Evaluate and Treat Assume Management

Studies if Necessary: Lab X-Ray Diagnostic Imaging

Reason for Referral: _____

_____ Diag. Group: _____

_____ ICD9 Code: _____

Instructions, Procedures and Other Services: _____

Office Procedure _____ OB Care _____

DME _____ Home Health _____

Therapies _____

Restrictions _____

X

Signature	Date
Clinical Findings	Enclosed
Lab _____	<input type="checkbox"/> _____
X-Ray _____	<input type="checkbox"/> _____
Chart Notes/Letter _____	<input type="checkbox"/> _____
Diagnostic Imaging _____	<input type="checkbox"/> _____
Other (specify) _____	<input type="checkbox"/> _____

Reserved for Provider Office Use

Authorization for Referral* (if required by the patient's insurance coverage)

Referral: Approved Denied Comments: _____

of Approved Visits: _____

From Date: _____ To Date: _____

Authorization Date: _____

Authorization #: _____

Authorized By: _____

*** NOTE: THIS REFERRAL DOES NOT GUARANTEE PAYMENT. SERVICES DOCUMENTED ON THIS REFERRAL FORM MAY REQUIRE PLAN REVIEW. PLEASE CONTACT THE INSURANCE CARRIER TO VERIFY COVERAGE. AN INCOMPLETE FORM MAY RESULT IN DELAY OF AUTHORIZATION.**

The following insurers/health plans will accept this form:

- Aetna U.S. Healthcare of Washington, Inc. (formerly NYLCare Health Plans NW)
- Community Health Plans of Washington
- KPS Health Plans
- Northwest Washington Medical Bureau
- Premera Blue Cross
- Regence BlueShield

As a service to the community, CHITA maintains this standardized version of the referral form. If you have specific ideas about the form, please submit comments or suggestions by visiting our website at www.chita.org ("Contact Us") or mail them to "Referral Form", CHITA, 83 South King Street, Suite 215, Seattle, WA 98104.

Other insurers/health plans may have endorsed this form since it was printed. For a complete list, please check out the CHITA website (www.chita.org) or call 206-224-3950, ext. 19 for a recorded message. For insurance company contact, fax numbers and address information, go to the CHITA website or contact your provider representative at the appropriate health plan.



Agency for Health Care Policy and Research (AHCPH) Major Diagnostic Groups

The following codes are user-friendly descriptions of the official and standard major diagnostic groups. These are cross-referenced to 260 AHCPH diagnostic categories which are cross-referenced to all 19,000+ ICD9 codes.

Code	Description
01	Infection, acute and chronic
02	Cancer or other tumors
03	Endocrine and metabolic, immunity problems (Gout, Diabetes, Thyroid, etc.)
04	Blood Disorders (Anemia, Hemophilia, Leukemia, etc.)
05	Behavioral and psychological problems (Depression)
06	Problems of brain and nerves, eyes, ears, (headaches, otitis, cataracts)
07	Heart and circulatory problems (Chest pains, Abnormal Ekg, Murmur)
08	Breathing problems, asthma
09	Stomach and intestinal problems, hernia, hemorrhoids
10	Kidney, bladder and genital problems
11	Problems related to pregnancy and childbirth
12	Skin problems (acne)
13	Problems with bone, joint, muscle and tendon (other than trauma)
14	Birth defects
15	Newborn problems
16	Fractures, sprains, trauma and poisoning
17	Other problems not listed above

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CHITA is a member driven alliance of healthcare technology businesses, organizations and people – it is part of the non-profit Foundation for Health Care Quality that is headquartered in the Pacific Northwest.

CHITA works feverishly to improve the effectiveness of the health system by expanding the use of electronic information exchange in a manner that serves and protects the consumers of health care and our member companies.