

# ALABAMA MEDICAID REFERRAL FORM

Today's Date \_\_\_\_\_

## PHI-CONFIDENTIAL

Date Referral Begins \_\_\_\_\_

### Important NPI Information See Instructions

#### MEDICAID RECIPIENT INFORMATION

Recipient Name	Recipient #	Recipient DOB
Address	Telephone # with Area Code _____	Name of Parent/Guardian _____

#### PRIMARY PHYSICIAN (PMP) INFORMATION

#### SCREENING PROVIDER IF DIFFERENT FROM PRIMARY PHYSICIAN (PMP)

Name	Name
Address	Address
Telephone # with Area Code _____	Telephone # with Area Code _____
Fax # with Area Code _____	Fax # with Area Code _____
Email _____	Email _____
NPI # _____	NPI # _____
Medicaid Provider # _____	Medicaid Provider # _____
Signature _____	Signature _____

#### TYPE OF REFERRAL

<input type="checkbox"/> Patient 1 <sup>st</sup> <input type="checkbox"/> EPSDT Screening Date _____ <input type="checkbox"/> Case Management/Care Coordination	<input type="checkbox"/> Lock-in <input type="checkbox"/> Patient 1 <sup>st</sup> /EPSDT Screening Date _____ <input type="checkbox"/> Other
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#### LENGTH OF REFERRAL

Referral Valid for \_\_\_\_\_ month(s) or \_\_\_\_\_ visit(s) from date referral begins.

#### REFERRAL VALID FOR

<input type="checkbox"/> Evaluation Only <input type="checkbox"/> Evaluation and Treatment <input type="checkbox"/> Referral by consultant to other provider for identified condition (cascading referral) <input type="checkbox"/> Referral by consultant to other provider for additional conditions diagnosed by consultant (cascading referral)	<input type="checkbox"/> Treatment Only <input type="checkbox"/> Hospital Care (Outpatient) <input type="checkbox"/> Performance of Interperiodic Screening (if necessary)
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Reason for referral by PMP	Other conditions/diagnoses identified by PMP
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#### CONSULTANT INFORMATION

Consultant Name	
Address	Consultant Telephone # with Area Code

**Note:** Please submit written report of findings including the date of examination/service, diagnosis, and consultant signature to Primary Physician (PMP).

Findings should be submitted to primary physician (PMP) by

<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> In addition, please telephone
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