Managed Care Referral Form

PO BOX 1407, Church Street Station New York, New York 10008- 1407 Fax no. 1-800-522-5793 www.empireblue.com



Reference no.											
N											
PCP's Tracking no. (Optional/not required)											

Referrals are not valid for the following services; please contact Empire Medical Management at 1-800-441-2411 for approval of these services:

- Non-participating Provider's
- Emergency/Maternity Admissions
- Empire Baby Care

- Inpatient Admission to Hospital/Facilities
- Home Care, Hospice, Private Duty Nursing (at home)
- Surgery not performed in doctor's office

Health Plans that require a referral to an Empire participating provider are:

- HM0
- Child Health Plus
- Healthy NY
- Direct Pay HMO
- Direct Pay HMO/POS
- * Required field. If any required field is missing, the referral will not be accepted.

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othe	Referrals are valid for <u>90 days</u> from the service start date unless otherwise specified. Please remember Authorized Services are subject to Limitations/Exclusions of Contract.									,26	*Service start date (MM/DD/YYYY) *S							-26	*Service end date (MM/DD/YYYY)) 						
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