

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

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

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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