

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



An Anthem Company

Reference no.

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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:

- HMO
- 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.**

Section 1. PATIENT INFORMATION

*Patient ID no.		*Date of birth (MM/DD/YYYY)	
*Patient last name		*Patient first name	MI
Policyholder last name		Policyholder last name	MI

Section 2. REFERRING PHYSICIAN INFORMATION

*Provider last name		*Provider first name	MI
Service address			
*Empire provider ID or NPI		Phone no.	

Section 3. REFERRING TO INFORMATION

*Specialist last name		*Specialist first name	MI
Service address			
*Empire provider ID or NPI		Phone no.	

Section 4. AUTHORIZATION INFORMATION

Referrals are valid for 90 days from the service start date unless otherwise specified. Please remember Authorized Services are subject to Limitations/Exclusions of Contract.	No. of visits	*Service start date (MM/DD/YYYY)	*Service end date (MM/DD/YYYY)
Referral reason/remarks/limitations			
*Signature of referring physician		*Date (MM/DD/YYYY)	