



## CONSULTATION REFERRAL FORM

This form is for referral to Jade Health Care and CCHP providers and **NOT to be used for NON-contracted providers.**

<b>All out of network providers must be pre-authorized before service is provided</b>		
<b>CHECK THE BOX FOR THE APPROPRIATE CCHP PRODUCT</b>		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Senior	<input type="checkbox"/> SFHP
<input type="checkbox"/> Covered California	<input type="checkbox"/> Senior Select	
<b>Member Information</b>		
First Name:	Member ID#:	
Last Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<b>Consultation Request</b>		
First Name:	Telephone #: (     )	
Last Name:	Fax #: (     )	
Address:	City:	Zip Code:
Diagnosis:	Diagnosis:	
ICD-10:	ICD-10:	
<input type="checkbox"/> Consultation	<input type="checkbox"/> Treatment <sup>(1)</sup>	
<b>Medical Justification/Necessity:</b>		
<b>Primary Care Physician Information</b>		
First Name:	Telephone #: (     )	
Last Name:	Fax #: (     )	
	Email:	
<b>Requesting Provider Information</b>		
<input type="checkbox"/> Check here if requesting provider is PCP		
First Name:	Telephone #: (     )	
Last Name:	Fax #: (     )	
	Email:	
<b>Signature:</b>	<b>Date:</b>	

**Notes:**

1. This form is only for referral to Jade Health Care & CCHP Consultants. Use the Service Authorization Form (SAF) for all other referrals and authorization requests. For a copy of the SAF, please call CCHP Utilization Management Dept. at (877) 208-4959 or visit [www.cchphealthplan.com](http://www.cchphealthplan.com).
2. This form does not authorize additional services beyond consultation and office treatment.
3. This referral form is good for 4 visits for the same diagnosis. Additional visits require the authorization of the CCHP Utilization Management Dept. using the SAF.
4. If this referral is for a second opinion, state law requires the consulting professional to provide the member and the individual health professional with a consultation report, including any recommended procedures or tests that the second opinion health professional believes are appropriate.
5. A copy of this form must accompany your claim. Treatment plans<sup>(1)</sup> exceeding \$500 must also have a SAF from the health plan's office.
6. The medical record(s) should be returned to the primary care physicians and the referring consultant.
7. For behavioral health referrals, the Behavioral Health provider agrees to share clinical information with PCP.

Confidentiality Statement: This referral is intended for the sole use of the addressee(s). The information may contain privileged or otherwise confidential information and is protected from disclosure by law. If you receive this in error, please destroy and notify CCHP Provider Relations Department at (415) 955-8800 ext. #3214. Rev20180401

## **General Information**

This Consultation Referral Form is for the sole use of Jade Health Care and CCHP physicians referring to other Jade Health Care and/or CCHP physicians. You may use this form if:

- You are a Jade Health Care provider but not directly contracted with CCHP
- You are directly contracted with CCHP but not a Jade Health Care provider

This Consultation Referral Form does not authorize the provision of services excluded from and/or in excess of those benefits provided under the member's service agreement.

The member must be enrolled at the time the service is provided. Provider must check eligibility within two business days prior to services.

## **To The Provider**

1. This Consultation Referral Form is limited to the care and/or treatment for the stated diagnosis or problem. If care or treatment other than/in addition to that which is authorized herein is required (including hospital or other institutional care or consultation) by non-Jade Health Care or non-CCHP physicians, additional authorization is needed prior to obtaining or rendering such care or treatment unless it is emergent. Any additional services requiring authorization must be requested with a completed and signed Service Authorization Form (SAF) and faxing it to the CCHP Utilization Management Department at (415) 398-3669.
2. Jade Health Care and CCHP providers may refer to Jade Health Care and/or CCHP physicians for up to four (4) visits in a calendar year. Any additional visits ( $\geq 5$ ) require authorization with a SAF and faxing it to the CCHP Utilization Management Department at (415) 398-3669.
3. Unless otherwise indicated this referral is valid for the calendar year only. If an extension is needed, contact the referring physician or the CCHP Utilization Management Department at (877) 208-4959 for additional information.
4. The member has agreed to receive referral services from Jade Health Care or CCHP. The health professional accepting this member agrees to seek payment of covered services only from the medical group or plan and agrees not to bill the member.
5. If there is any question concerning this consultation referral, please call Provider Relations at (415) 955-8800 ext. #3214.

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