

Record of Referral to Specialty Care

Today's date: _____ County: _____

Primary care providers should use this form when referring a member to a specialist. Submit a copy of this form with your national provider identifier to the specialist prior to the member's appointment.

Please do not attach this document to the claim form. It is for your records only. For in-network referrals and for services that do not require prior authorization, you do not need to contact UniCare Health Plan of West Virginia, Inc. (UniCare) for prior authorization. For referrals to out-of-network providers and for services that require prior authorization, please contact UniCare for authorization before the services are rendered. Prior authorization for selected services and procedures continues to be required.

Referrals should be to specialists within the UniCare network when possible. Referrals to out-of-network specialists should only occur in special circumstances, such as when no available in-network specialist or for continuity of care for a member who is new to UniCare.

PCP information	
Last name:	First name:
NPI:	
Address:	
State:	ZIP code:
Phone:	Fax:
Member information	
Last name:	First name:
Member ID number:	Date of birth:
Record of specialist visit/coordination of care	
Prior authorization number (for out-of-network and/or services requiring prior authorization):	
Reason for referral:	
Last name:	First name:
Address:	
State:	ZIP code:
Specialty	ICD-10 diagnosis code:
Date of visit:	Diagnosis:
Treatment plan:	
Follow-up with PCP: Days Weeks Months As needed	

All claims presented to UniCare for payment are subject to conditions and restrictions including those relating to benefits and eligibility. This is not a promise or guarantee of payment. This form should be placed in the member's file.

Reminder: Please ensure all pediatric patients are up to date on their immunizations.