

State of Oklahoma
Oklahoma Health Care Authority
SoonerCare/OEPIC IP Referral Form

Please Print

Member Name

Last Name First Name Middle Initial

Member ID# Member
 (nine digits) Phone #

Referred To:

Provider Name Provider
 (Must be a current Medicaid Provider) Phone #

Provider Address

PCP/CM Referral Valid Initial Visit Only Evaluation & Treatment for _____ months (cannot
 for (check one) exceed 12 months)

Diagnosis (Use ICD-9 Codes)	1 <input style="width: 100%;" type="text"/>	2 <input style="width: 100%;" type="text"/>	3 <input style="width: 100%;" type="text"/>
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Reason for Referral:

Referred by:

Primary Care Provider/
 Case Manager Name PCP/CM
Phone #

Signature of Referring Date
 Provider

PCP/CM # Referral NPI #
 Number (ten digits)

- * This referral is valid for all ancillary services related to the above diagnosis within the specified time frame.
- * This referral may be forwarded to other specialists for the above diagnosis with the approval of the PCP/CM.
- * Report your findings directly to the provider who made this referral.
- * This referral number should be entered by the referred to provider in Block 17a and NPI in Block 17b of the CMS-1500 claim form or Block 83B of the UB 92 claim form.
- * This form is for referral only. It does not replace the prior authorization form. Some services for **SoonerCare/OEPIC IP** clients require (1) PCP/CM referral **and** (2) prior authorization from the Medical Authorization Unit at Oklahoma Health Care Authority. The current prior authorization policies are unchanged (See Oklahoma Health Care Authority Rules).
- * All payments for services are subject to coverage limitations under the current Medicaid/OEPIC IP program and the referral is not a guarantee of payment.

Instructions:

1. Complete and mail the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA web site at <http://www.okhca.org/provider/forms.asp>

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
 PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.