

Referral Request Form

UPON ACCEPTANCE OF REFERRAL AND TREATMENT OF THE MEMBER, THE PHYSICIAN/PROVIDER AGREES TO ACCEPT IEHP CONTRACTED RATES. This referral verifies medical necessity only. Payments for services are dependent upon the Member's eligibility at the time services are rendered.

No Referral Required for OB/GYN Services. For more information click: [Open Access OB/GYN Services](#)

* denotes a required field

Member/Provider Identification

*IEHP ID:	<input type="text" value="40000053465300"/>	IEHPID
*Are you submitting a correction to an existing referral?	<input type="button" value="Yes"/> <input type="button" value="No"/>	
*Requesting Provider:	<input type="text" value="Irma Lopez"/>	

Member Information

Name: Maria Lemus	Gender: Female	DOB: 11/27/1952	Age: 67 years, 10 months, 2 days
Address: 3654 Twinberry Ln	City: San Bernardino	State-Zip: CA, 92407-0566	Phone: (909) 243-6115
IEHP ID: 40000053465300	CIN: 94840292C	Medicare ID: 3NU6HX6EJ41	Medi-Cal: Not Available
LOB: Cal MediConnect	County: San Bernardino	Aid Code: 1H	Group: Cal MediConnect

Requesting Provider Information

Name: Irma Lopez	NPI #: 1538240908	Phone: (909) 391-3423	Fax #: (909) 391-3424
Address: 527 N Palm Ave	City: Ontario	State: CA	Zip: 91762
Request Date: 09/25/2020	Provider Signature: On File		

Service Priority

*Is the Referral a patient request?	<input type="button" value="Yes"/> <input type="button" value="No"/>
*Service Priority (Medi-Cal: Decision within 5 Business Days) (CMC: Decision within 14 Calendar Days)	<input type="button" value="Expedited"/> <input checked="" type="button" value="Standard Pre-Service"/> <input type="button" value="Standard Post-Service"/>
	Appt Date: <input type="text" value="MM/DD/YYYY"/>
Place of Service:	<input type="text" value="Office"/>

Service Information

*Service Requested:	<input type="text" value="RADIOLOGY"/>
*Servicing Provider: (Must refer to specialist within network)	<input type="text" value="Beverly Radiology Medical Group"/>

Servicing Provider Demographics

Name: Beverly Radiology Medical Group	NPI #: 1962457812	Phone: (951) 682-1099	Fax #: (951) 351-1025
Address: 8283 Grove Ave Ste 101	City: Rancho Cucamonga	State-Zip: CA, 91730	Specialty: Radiology

ICD Codes Select Service Priority and/or Appt Date before entering ICD codes, ICD codes will be cleared if the Priority or Appt Date is modified

*ICD 1:
<input type="text" value="Z13.820"/>
Encounter For Screening For Osteoporosis

CPT Codes

***CPT 1:**

99204

Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires Th

Modifier:***Qty:(numeric only)**

1

***CPT 2:**

99214

Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Re

Modifier:***Qty:(numeric only)**

1

*** Requesting Provider allows IEHP to modify CPT Codes and Quantity as needed?**

Yes

No

Special Instructions/Comments

Polyarthralgia, Osteoporosis Screening

Attach Supporting Documents

Up to 8 PDF or Word files, 10 MB per file maximum size*Note:** Dragging and dropping files into browser window may navigate away from page

Filename	Size	Status
Lemus Maria Enc.pdf	32 kb	100% X

Uploaded 1/1 files

Submit

Cancel