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.

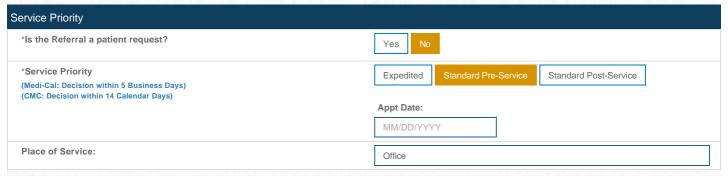
No Referral Required for OB/GYN Services. For more information click: Open Access OB/GYN Services

denotes a required field

Member/Provider Identification		
*IEHP ID:	40000053465300	IEHPID
*Are you submitting a correction to an existing referral?	Yes No	
*Requesting Provider:	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 Information	
*Service Requested:	RADIOLOGY
*Servicing Provider: (Must refer to specialist within network)	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:

Z13.820

Encounter For Screening For

Osteoporosis

	Confirmation # H2026981374	
CPT Codes		
*CPT 1:	Modifier:	*Qty:(numeric only)
99204		1
Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires Th		
*CPT 2:	Modifier:	*Qty:(numeric only)
99214		1
Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Re		
* Requesting Provider allows IEHP to modify CPT C needed?	Codes and Quantity as Yes No	
Special Instructions/Comments		
Attach Supporting Documents *Up to 8 PDF or Word files, 10 MB per file maximum s Note: Dragging and dropping files into browser wind		
Filename	,,,,	Size Status
Lemus Maria Enc.pdf		32 kb 100% X
Uploaded 1/1 files		
	Submit Cancel	