



FROM sunflower health plan.

MEDICARE REFERRAL FORM

Expedited requests: **Call** 1-855-565-9519
Standard Requests: **Fax** to 1-844-885-3724

For Standard requests, complete this form and FAX to 1-844-885-3724. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

For Expedited requests, please CALL 1-855-565-9519. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID *	Last Name, First	Date of Birth * (MMDDYYYY)
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REQUESTING PROVIDER INFORMATION

Requesting NPI *	Requesting TIN *	Requesting Provider Contact Name
Requesting Provider Name	Phone	Fax *


SPECIALIST REFERRING TO

Servicing NPI *	Servicing TIN *	Servicing Provider Contact Name
Servicing Provider/Facility Name	Phone	Fax

REFERRAL REQUEST

Primary Procedure Code * (CPT/HCPCS)	(Modifier)	Start Date * (MMDDYYYY)	Diagnosis Code * (ICD-10)	Total Units/Visits/Days
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**The above procedure code is for the referral only. Providers should be sure that the claim for the office visit is billed using the correct office visit procedure code.

OUTPATIENT SERVICE TYPE *	(Enter the Service type number in the boxes)	Referral	
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**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

Disclaimer: AA Referral is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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