

Lock-In Beneficiary Referral

Date of referral _____

This authorizes _____

Provider to whom beneficiary is referred

to only provide _____

Description of service: office visit, consultation, surgery

to _____ ID # _____

Beneficiary name

Medicaid 11-digit ID

for symptoms and conditions of _____.

Referred to physician may prescribe: Yes _____ No _____

It is always recommended the lock-in physician retain prescribing privileges.

Authorized date(s) of service _____ to _____.

Please contact my office at _____ to forward lab results and consultation information or to make prescribing recommendations.

Lock-In Provider Name (print) _____

Lock-In Provider Signature _____

Lock-In Provider Number _____

Medicaid 10-digit provider ID number

Date of Signature _____

Plan Prior Authorization requirements still apply and would be in addition to this referral form for services requiring Prior Authorization by Sunflower Health Plan.

Lock-In Physician: Retain this referral in the beneficiary's file and forward one copy to the referred provider. Beneficiary should be provided one copy if prescribing privileges have been referred.

Lock-In Pharmacy: Please verify that prescription privileges have been authorized if this referral is presented. Beneficiary is responsible for prescriptions if prescribing privileges have not been referred.

Please fax referral form to 833-950-3295