



Health Services Referral Request

To request authorization for medical services or supplies from CarePlus Health Plans (CPHP), please complete all fields on this form and send it, with a cover sheet, to the appropriate fax number listed at the end of the form.

The transmitted information is intended only for the person or entity to which it is addressed. It might contain confidential material. If you receive this document in error, please contact the sender and delete or destroy the material/information.

PART C REQUESTS

Standard request Expedited request – All expedited requests must meet this Centers for Medicare & Medicaid Services (CMS) definition: “The healthcare professional or member believes the member’s health, life or ability to regain maximum function can be jeopardized if the standard 14 calendar-day time frame is applied.” **Please include clinical documentation.**

PART B MEDICATION REQUESTS (clinical notes required for all requests)

Check one box below:

Part B med standard request

Part B med expedited request

Check one box below:

Buy and bill – Physician obtains medication from any drug provider and bills CPHP

Drug replacement – Physician obtains medication through member’s pharmacy benefit.

The medication can be forwarded to the physician/provider’s office, or the member can collect it from the pharmacy and take it to the physician for administration.

Request date: Appointment date/time:

PATIENT INFORMATION

First Name: Last Name:

CarePlus Member ID #: Date of Birth: Phone #:

REQUESTING PHYSICIAN/PROVIDER INFORMATION

PCP Specialist Name: Sender’s Name:

Provider ID #: Tax ID #: NPI #:

Phone #: Fax #:

RENDERING PHYSICIAN / PROVIDER INFORMATION

Physician/Provider Name: Healthcare Facility Provider Name:

Provider ID #: Healthcare Facility ID #:

Tax ID #: Tax ID #:

NPI #: NPI #:

Address: Address:

.....

Physician/Provider Phone #: Inpatient request

Physician/Provider Fax #: Outpatient request

Is referral related to an accident? Yes No If yes, please specify: Automobile Worker’s comp Other

Visits: Initial Follow-up Number of visits requested:

Physician/provider: Participates with the CarePlus Health Plans network Does not participate with the network

Reason for non-participating physician/provider, if applicable:.....

Healthcare facility: Participates with the CarePlus Health Plans network Does not participate with the network

Reason for non-participating healthcare facility, if applicable:

ICD-10 diagnosis code/description	Procedure code/description	Quantity

CarePlus Health Plans fax numbers:

◆ Broward and Palm Beach: 1-866-832-2678

◆ Miami-Dade: 1-888-790-9999

◆ All other counties: 1-888-634-3521