



**Direct Referral Request  
No Authorization Required**

*Please....*

1. Check member's eligibility at the time of service.
2. Only fax a copy to the in-network provider and give a copy to the patient
3. Our provider directory can be viewed on our web site; [www.exclusivecare.com](http://www.exclusivecare.com), or for further assistance call Medical Management at 1-800-962-1133 option 3

**Patient Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Requested Provider:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Routine Care	Radiology/Diagnostic	Procedures
<input type="checkbox"/> <b>DM Annual Eye Exam</b> – Consult, visual Field, Retinal Camera Screening, <input type="checkbox"/> <b>EAS</b> (Behavioral Health) – Member Calls Directly Riverside County – 888-829-8999 <input type="checkbox"/> <b>Family Planning</b> - Birth Control, Tubal Ligation, Vasectomy (Operating Room requires prior authorization) <input type="checkbox"/> <b>Global OB Care</b> <input type="checkbox"/> <b>Health Education Programs</b> <p style="margin-left: 20px;">Members may call directly:            Breast Feeding Support – 888-451-2499            Child Safety Seat Program – 800-455-4942            Childbirth Preparation – 951-486-6556            Diabetic Education – 951-955-5980            Healthy Choice Smoking Cessation – 951-358-4977            Sweet Success -DM Pregnancy – 951-486-5195</p> <p style="text-align: center; margin-left: 20px;"><b>Please check for availability</b></p> <input type="checkbox"/> <b>Well Woman Care</b> – Follow ups for abnormal results	<input type="checkbox"/> <b>Barium Enema - Swallow</b> <input type="checkbox"/> <b>DEXA Scan</b> – 40 and older or positive family history <input type="checkbox"/> <b>EKG</b> <input type="checkbox"/> <b>EEG</b> <input type="checkbox"/> <b>IVP</b> <input type="checkbox"/> <b>KUB</b> <input type="checkbox"/> <b>Mammogram</b> - 40 and over, any diagnostic testing indicated by radiologist <input type="checkbox"/> <b>Pulmonary Function Study</b> <input type="checkbox"/> <b>Skeletal x-ray</b> <input type="checkbox"/> <b>Upper GI</b> <input type="checkbox"/> <b>Ultrasound</b>	<input type="checkbox"/> <b>Colonoscopy / EGD</b> - 50 and older, consult, procedure and follow up <input type="checkbox"/> <b>Sigmoidoscopy</b> <input type="checkbox"/> <b>TAB</b> - up to 24 weeks, only at Planned Parenthood – 888-749-7526 <input type="checkbox"/> <b>Total Fracture Care</b> excluding procedures or therapy <input type="checkbox"/> <b>Chiropractor</b> 12 visits a year

**Referring Provider:** \_\_\_\_\_ (Please print name) \_\_\_\_\_ (Signature)

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

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