



**Direct Referral Request
No Authorization Required**

Please...

Check member's eligibility at the time of service.

Fax a copy to the in-network provider and give a copy to the patient.

Our Provider Directory is located at www.exclusivecare.com

Medical Management contact: 1-800-962-1133, option 3

Patient Name: _____ Phone #: _____

DOB: _____ Member ID: _____ Date: _____

Diagnosis: _____

Requested Provider: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____

ROUTINE	RADIOLOGY/DIAGNOSTIC	PROCEDURES
<input type="checkbox"/> DM ANNUAL EYE EXAM - Consult, Visual Field, Retinal Camera Screening <input type="checkbox"/> EAS (Behavioral Health) - Member Calls Directly Riverside County Phone:888-829-8999 <input type="checkbox"/> Family Planning - Birth Control, Tubal Ligation, Vasectomy (Operating Room requires prior authorization) <input type="checkbox"/> Health Education Programs Members may call directly: Breast Feeding Support - 888-451-2499 Child Safety Seat Program - 951-358-7171 Childbirth Preparation- 951-486-4742 Sweet Success-DM Pregnancy- 951-486-5195 Smoking Cessation Resources- 951-358-4977 EC Wellness Program - 951-778-3978 Please Check for Availability <input type="checkbox"/> OB/GYN Office visits and office procedures <input type="checkbox"/> Global OB Care	<input type="checkbox"/> Barium Enema - Swallow <input type="checkbox"/> DEXA Scan - 40 and older or positive Family history <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> IVP <input type="checkbox"/> KUB <input type="checkbox"/> Mammogram - 40 and over, any diagnostic testing indicated by radiologist <input type="checkbox"/> Pulmonary Function Study <input type="checkbox"/> Skeletal X-Ray: _____ <input type="checkbox"/> Upper GI <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other: _____	<input type="checkbox"/> COLONOSCOPY / EGD - Age 50 and up: consult, procedure, and follow-up <input type="checkbox"/> SIGMOIDOSCOPY <input type="checkbox"/> TAB - up to 24 weeks, only at Planned Parenthood-888-749-7526 <input type="checkbox"/> CHIROPRACTOR Maximum: 12 visits per year <input type="checkbox"/> DIETARY CONSULT (951) 955-5200 phone (951) 955-5384 fax <input type="checkbox"/> PHYSICAL FITNESS CONSULT Ryan Wann, MS, HFS, CSCS (951) 955-0023 <input type="checkbox"/> MY PATH WELLNESS PROGRAM Emily Mabee (951) 955-5576 <input type="checkbox"/> VISION SCREENING & REFRACTION <input type="checkbox"/> Other: _____

Referring Provider: _____
(Please Print Name) (Signature)

Phone: _____ Fax: _____

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AUTHORIZATION IS VALID FOR 90 DAYS FROM ABOVE DATE