



**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](http://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"/> <b>DM ANNUAL EYE EXAM –</b> Consult, Visual Field, Retinal Camera Screening  <input type="checkbox"/> <b>EAS (Behavioral Health) – Member</b> Calls Directly Riverside County Phone:888-829-8999  <input type="checkbox"/> <b>Family Planning – Birth Control,</b> Tubal Ligation, Vasectomy (Operating Room requires prior authorization)  <input type="checkbox"/> <b>Health Education Programs</b> 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"/> <b>OB/GYN</b> Office visits and office procedures  <input type="checkbox"/> <b>Global OB Care</b>	<input type="checkbox"/> <b>Barium Enema – Swallow</b>  <input type="checkbox"/> <b>DEXA Scan – 40 and older or positive</b> Family history  <input type="checkbox"/> <b>EEG</b>  <input type="checkbox"/> <b>EKG</b>  <input type="checkbox"/> <b>IVP</b>  <input type="checkbox"/> <b>KUB</b>  <input type="checkbox"/> <b>Mammogram – 40 and over, any</b> 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>Other: _____</b>	<input type="checkbox"/> <b>COLONOSCOPY / EGD – Age 50</b>  and up: consult, procedure, and follow-up  <input type="checkbox"/> <b>SIGMOIDOSCOPY</b>  <input type="checkbox"/> <b>TAB – up to 24 weeks, only at Planned</b> Parenthood-888-749-7526  <input type="checkbox"/> <b>CHIROPRACTOR</b> Maximum: 12 visits per year  <input type="checkbox"/> <b>PHYSICAL FITNESS CONSULT</b>  Ryan Wann, MS, HFS, CSCS (951) 955-0023  <input type="checkbox"/> <b>MY PATH WELLNESS PROGRAM</b> Emily Mabee (951) 955-5576  <input type="checkbox"/> <b>VISION SCREENING &amp; REFRACTION</b>  <input type="checkbox"/> <b>Other: _____</b>

Referring Provider: \_\_\_\_\_  
(Please Print Name) (Signature)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**AUTHORIZATION IS VALID FOR 90 DAYS FROM ABOVE DATE**