PARTNERSHIP HEALTHPLAN of CALIFORNIA

RAF NUMBER	

Medi-Cal
Referral Authorization Form (RAF)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
4665 Business Center Drive
Fairfield, CA 94534
(707) 863-4133 or (800) 863-4144
FAX # (707) 863-4118
www.partnershiphp.org

Member Name: _____

Date of Birth: _____ ID#: _____

Member Phone: _____

- Consults must be initiated within 30 days
- Consultants should verify PCP
- Payment subject to member eligibility
- Approval of consultation limited to covered benefits

Referred to : _____

Group Name: _____

Address: _____

City, Zip: _____

Telephone: _____

The consultant name must be the same as that used to bill for these services.

TO BE COMPLETED BY THE REFERRING CLINICIAN

Services requested:

☐ Consult and / or Continuing Care

☐ 2 months ☐ 4 months ☐ up to 12 mos.
(from date of issue)

Is requested provider contracted with PHC? ☐

If Non-Contracted provider, RAF must be approved by PHC before given to member.

☐ Please call me when you have seen patient.
☐ I would like to receive periodic status report.
☐ Call me if procedures or admission planned.

This referral is:

☐ Urgent: potentially life-threatening condition.
☐ Indicated: important to health; not life-threatening.

Reason for referral:

Work-up and treatment to date: (Include copies of lab reports, imaging studies, etc.):

Questions I need answered:

Provisional Diagnosis: _____ Current ICD code for primary Dx: _____

Date of Order: _____ Ordering Clinician Signature: _____

_____
Print Name

Send consult report to: _____ _____ _____ _____
Address City Phone Fax

TO BE COMPLETED BY CONSULTANT

Final Report (please check all that apply)

☐ My medical record will be sent to you

☐ Typed consultation note will be sent to you
☐ I will call to discuss the case
☐ Patient was not seen as scheduled on

Preliminary Report:

PHC Determination:

☐ **Approved**
☐ **Redirected to Contracted Provider**
☐ **Denied**

Start Date: _____ **End Date:** _____

Plan:

_____ _____ _____ _____ _____
Signature / Print Name Date Seen Phone No. Fax No.

Distribution Copies: Consultant, PCP, PHC