

**Citrus Valley Physicians Group**

4909 Lakewood Blvd. #200

Lakewood, CA 90712

PHONE: 866-495-6990

FAX: 866-921-2477/STAT FAX: 562-531-4254

Routine  
 Urgent  
 Stat  
 Retro

Commercial  
 Senior  
 Med-cal

**REFERRAL/ADMISSIONS FORM**

HMO  IPA:

AUTH #

**1.) MEMBER/PHYSICIAN DEMOGRAPHICS**

PATIENT NAME (LAST)		(FIRST)	(MI)	DATE	<input type="checkbox"/> Check if retro date
DOB	AGE	HOME PHONE		MEMBER NUMBER	
MEMBER ADDRESS				CD-9-CM CODE(S) (MUST BE COMPLETED)	
PRIMARY CARE PHYSICIAN		OFFICE PHONE NUMBER			
REFERRING PHYSICIAN/SOURCE		OFFICE PHONE NUMBER (Optional.)			
REFERRED TO PHYSICIAN		OFFICE PHONE NUMBER (Optional.)			
REFERRED TO PHYSICIAN ADDRESS (Optional)		CPT CODES (MUST BE ATTACHED)			

<b>REQUIRED</b>	MEDICATION:	STRENGTH OF ADMIN:	ROUTE OF ADMIN:	FREQUENCY:
	LENGTH OF THERAPY:	QTY:	HOME SELF INJECTION <input type="checkbox"/> OFFICE <input type="checkbox"/>	DATE OF INITIATION:

**2.) RAPID REFERRAL PROGRAM/AUTHORIZATION INFORMATION**

Citrus Valley Physicians Group Rapid Referral Program No Authorization Number Will be Required For Initial Consultations  
 Facility To Be Utilized  In-Patient  Out-Patient

AM Admit  Surgical Assistant  ELOS:

Diagnosis

Procedures Requested  
 Surgery  Diagnostic Testing  Other (please explain)

Clinical History and Findings  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Diabetic Supplies: Name of Meter: Testing Frequency: PHYSICIAN SIGNATURE (REQUIRED) DATE/TIME

<b>F I L L E D B Y I P A</b>	MBR. Effective Date	Co-Pay \$	If meds QTY:	EXP:	Vendor:
	Comments		<input type="checkbox"/> Under Review	Authorized <input type="checkbox"/> Denied <input type="checkbox"/> Modified <input type="checkbox"/> Cancelled <input type="checkbox"/>	Comments

**THIS AUTHORIZATION, IF APPROVED, IS GOOD FOR 60 DAYS ONLY**

AUTHORIZATION FOR SERVICES DOES NOT GUARANTEE PATIENT ELIGIBILITY, PLEASE VERIFY PATIENT ELIGIBILITY AT EACH VISIT  
 REQUESTING PHYSICIAN IS RESPONSIBLE FOR INFORMING PATIENT OF AUTHORIZATION DECISION

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