

REFERRALS

If you have an HMO/Managed Care Insurance, there is certain critical information necessary to generate a referral

We ask that you allow 5 BUSINESS DAYS for a routine planned referral to be processed.

Effective immediately, your referral MAY NOT BE PROCESSED unless the following information is provided to our referral staff.

WE WILL NEED THE FOLLOWING INFORMATION

- YOUR FULL NAME
- DATE OF BIRTH
- INSURANCE COMPANY AND INSURANCE ID #
- WHICH PEACE VALLEY DOCTOR IS REFERRING YOU
- PROVIDER OR FACILITY BEING REFERRED TO - *Must include First and Last Name of provider and the providers NPI #. THIS IS VERY IMPORTANT!!*
- PROVIDER/FACILITY FAX NUMBER
- PROCEDURE CODE
- DIAGNOSIS CODE
- APPOINTMENT DATE AND TIME
- A DAYTIME PHONE NUMBER IN CASE REFERRAL DEPARTMENT HAS FURTHER QUESTIONS

*** Again, if we do not have all the required information we will not be able to process your referral.

And you may also be responsible for any bills incurred if you go to a visit without a referral ***

THANK YOU

The Staff at Peace Valley Internal Medicine

KEEP THIS INFORMATION FORM FOR YOUR FUTURE REFERENCE.