Managed Care Referral Form

Section 1. PATIENT INFORMATION
*Patient ID no. Date of birth (MM/DD/YYYY)
*Patient last name Patient first name MI
Policyholder last name Policyholder last name MI

Section 2. REFERRING PHYSICIAN INFORMATION
*Provider last name *Provider first name MI
Service address
*Empire provider ID or NPI Phone no.

Section 3. REFERRING TO INFORMATION
*Specialist last name *Specialist first name MI
Service address
*Empire provider ID or NPI Phone no.

Section 4. AUTHORIZATION INFORMATION
Referrals are valid for 90 days from the service start date unless otherwise specified. Please remember Authorized Services are subject to Limitations/Exclusions of Contract.

No. of visits *Service start date (MM/DD/YYYY) *Service end date (MM/DD/YYYY)
Referral reason/remarks/limitations

*Signature of referring physician *Date (MM/DD/YYYY)

Referrals are not valid for the following services; please contact Empire Medical Management at 1-800-441-2411 for approval of these services:
- Non-participating Provider's
- Emergency/Maternity Admissions
- Empire Baby Care
- Inpatient Admission to Hospital/Facilities
- Home Care, Hospice, Private Duty Nursing (at home)
- Surgery not performed in doctor’s office

Health Plans that require a referral to an Empire participating provider are:
- HMO
- POS
- Direct POS
- Pathway HMO

* Required field. If any required field is missing, the referral will not be accepted.