

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM

Amida Care Referral/Pre-Authorization Form

Do not use this form for Pre-Authorization for Behavioral Health services. For these services please call ValueOptions: 1-866-752-5443.

Member	Full Name	CIN#	DOB	Phone ()	
	Street Address	Apt.	City	State: NY	ZIP
Primary Care Provider	PCP Name		Phone		
	PCP VC ID #				
Referred To	Provider Name	AC ID # or Clinic Code (network providers only)			
	Street Address	City	State: NY	ZIP	
	Phone	FAX			
Services to be Provided	Services to be Provided				
	CPT Codes	Appointment Date		Appointment Time	
	Visits Needed	Start Date	Expiration Date (no more than 6 mos. from start)		

Referral Diagnosis

Narrative Report of Clinical History

See attachment for additional clinical history

PCP Signature	Print Name	Date
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Consultant's Report

See attachment for additional text

Consultant's Signature	Print Name	Date
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Pre- Authorization – See Instructions on Reverse Side

Fax the completed form to **1-800-338-4195**

Authorization No.: _____

No. Visits Allowed: _____

Referral – See Instructions on Reverse Side

Give a copy of this form to your patient for their use in locating the referred to provider.

This form is not required for in-network referrals.

Instructions on Using Amida Care Referral/Pre-Authorization Request Form

Referrals:

- This form is not required for most in-network referrals. We recommend using the form in-network as a communication tool between a PCP, a Specialist, and a member, BUT no authorization number is needed.
- Remember, all out-of-network service referrals MUST have an authorization number.

Pre-Authorizations:

Do not use this form for pre-authorization for Behavior Health services. Instead, please call ValueOptions at 1-866-752-5443 for assistance.

- For services requiring pre-authorization you may choose to either fax the form to **1-800-338-4195** or you can call **1-888-364-6061**.
 - For a complete list of services requiring pre-authorization, please see Amida Care Benefit Guide and UM Rules or your Provider Manual. For a copy or clarification, call Provider Services at **1-800-556-0674**.
- Amida Care Utilization Management will give you an authorization number and the number of visits allowed by phone and letter. The letter will also be sent to the member and the provider of the requested service.
 - The provider of the requested service will need this authorization number and number of visits allowed in order for the claim to be processed.
- Please place this number and the number of visits allowed in the lower right-hand corner of the referral form where indicated **prior to giving it to the member**.
- If more information is required before approval can be given, Amida Care Utilization Management will contact the PCP.

Please Note:

- This form has 3 copies.
 - The white copy is retained by the PCP after faxing to Amida Care Utilization Management.
 - The pink copy is retained by the patient.
 - The yellow is retained by the specialist and a copy is faxed back to PCP.
- For help with a MEDICAL authorization, a provider can call **1-888-364-6061**
- For BEHAVIORAL HEALTH assistance please call **1-866-752-5443**