



NON-PARTICIPATING PHO PROVIDER PROCESS FORM

Health Plan Information (Please check the appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> BlueCaid of Michigan | <input type="checkbox"/> McLaren Health Plan (CP) | <input type="checkbox"/> Priority Health Gov't Programs |
| <input type="checkbox"/> CareSource (CP) | <input type="checkbox"/> Midwest Healthcare | <input type="checkbox"/> Procure Health Plan |
| <input type="checkbox"/> Great Lakes Health Plan | <input type="checkbox"/> Molina Healthcare | <input type="checkbox"/> Total Health Care (CP) |
| <input type="checkbox"/> Healthplan of MI | <input type="checkbox"/> Omnicare | <input type="checkbox"/> Upper Peninsula Health Plan |
| <input type="checkbox"/> HealthPlus Partners (CP) | <input type="checkbox"/> PHP MM Family Care | |

Member Information (Complete all information)

Member ID: _____	Member Address: _____
Member Name: (First/MI/Last) _____	City: _____ State: _____ ZIP: _____
Parent /Guardian Name: (if applicable): _____	Contact phone #: _____

Physician Information (Complete all information)

Referring Physician ID: _____	Referring Physician Name: _____
Physician Phone: _____	Location: _____

REFERRAL INFORMATION (Complete all Sections)

Date Referral Received from Provider: _____

Supporting Documentation Included: no yes (see attached)

Diag. Code:	Diagnosis Description:	Procedure Code:	Procedure Description:	No. of Visits:

Health Plan Authorization Information (Complete all sections)

Authorization #: _____	Start Date: _____ End Date: _____
Date form Submitted to HPHO: _____	Comments: _____
Reason for Referral: <input type="checkbox"/> Specialty not available in-plan network <input type="checkbox"/> In-plan Specialist unable to perform service	
Healthplan Staff Completing Form: _____	

HPHO USE ONLY

Clinical Staff Processing Form: _____	Date Received: _____
Name of Health Plan Staff Notified: _____	Date Notified: _____
Date of Appointment: _____	Comments: _____
Follow Up Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resolution: _____