LONESTAR
MEDICAL GROUP, PLLC

To check status of referral call:
(626) 838-5100 Option 1

Pre-Certification Referral Form

Please complete all sections and fax with all clinical records to support medical necessity to:

Standard fax: (214) 452-1905
Urgent fax: (866) 811-0455

CMS Defines an expedited request as a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.

A. MEMBER INFORMATION:

Member Name: (Last, First, Middle)	Member ID Number #		Date of Birth
Primary Care Physician (PCP)	Provider / NPI ID #	Phone Number	Fax Number
Referring Physician	Provider / NPI ID #	Phone Number	Fax Number

B. ICD-10-CM DIAGNOSIS CODE:

	CODE	DESCRIPTION
Primary		
Secondary		
Other		
Other		

C. CPT/HCPCS CODE:

	CODE	DESCRIPTION	QTY	UNITS
1)				
2)				
3)				
4)				

D. REFERRED TO PHYSICIAN / ANCILLARY / FACILITY:

REFERRAL PRIORITY: ☐ STANDARD ☐ URGENT

Urgent referrals are only to be submitted if the normal time frame for authorization will 1) be detrimental to the patient's life or health, jeopardize patient's ability to regain maximum function, or 3) result in loss of life, limb, or other major bodily function. All referrals not meeting urgent criteria will be downgraded to a routine referral request and follow routine turn-around times.

Referred to Physician	Provider / NPI ID #	Phone Number	Fax Number
Referred to Physician Address		Name and Direct Contact # completing this form	
Referred to Ancillary/Facility	Facility / NPI ID #	Phone Number	Fax Number
Referred to Facility Address			

E. SERVICE INFORMATION:

☐ Office ☐ Ambulatory Surgical Center ☐ Outpatient Hospital
☐ Home ☐ DME ☐ Inpatient/Acute ☐ Rehab/LTAC ☐ SNF

Requested Date of Service
Scheduled Admit Date

Payment for referred services is subject to plan benefits and member eligibility at time of service.
Do not combine multiple requests for different specialties in a single fax.