Uniform Consultation Referral Form

CareFirst
Family of health care plans

1. PATIENT INFORMATION		2. CARRIER INFORMATION
Date of Referral Dec. 22, 1998		Carrier Name (check one) ○ CareFirst BlueChoice ◉ CareFirst BlueCross BlueShield
Name (Last, First, MI) Miller, Paul, A		
Date of Birth Nov. 24, 1973	Phone # (335) 810-7500	Referral # RE0873496 RE0000001
ID # 43653653	Site # 38931	

3. PRIMARY OR REQUESTING PROVIDER		
Name (Last, First, MI) Payne, Julie, K		Specialty family medicine
Institution/Group Name Community Health Center of Cape Cod	Provider ID 73917267	Provider ID #2 (if required) 26832164
Address (Street, City, State, Zip) 734 Koss Spur Apt 47, Boston, MA, 02132		
Phone # (532) 799-1416	Facsimile/Data # 066649	

4. CONSULTANT/FACILITY PROVIDER		
Name (Last, First, MI) Valencia, Donald, S		Specialty otolaryngology
Institution/Group Name Falmouth Hospital Outpatient Surgical Center	Provider ID 14221734	Provider ID #2 (if required) 30252082
Address (Street, City, State, Zip) 811 Batz Ramp, North Falmouth, MA, 02556		
Phone # (262) 732-1536	Facsimile/Data # 834675	

5. REFERRAL INFORMATION

Reason for Referral

tympaocentesis procedure for otitis media

Brief History, Diagnosis and Test Results

acute otitis media

6. SERVICE DESIRED (PROVIDE CARE AS INDICATED)	7. PLACE OF SERVICE
○ Initial Consultation Only	◉ Office ○ Outpatient Medical/Surgical Center*
○ Diagnosis Test (specify) _____	○ Radiology ○ Laboratory
○ Consultation With Specific Procedures (specify) _____	○ Inpatient Hospital* ○ Extended Care Facility*
◉ Specific Treatment	○ Other (explain) _____
○ Global OB Care & Delivery	*(Specific facility must be named)
○ Other (explain) _____	

Number of Visits (If blank, 3 visits are assumed)	Authorization # (If required)	Referral is Valid Until (Date) *(See carrier instructions)
1	21108980	Jan. 31, 1999
Signature (individual completing this form)		Authorizing Signature (if required)

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan/carrier.