



Instructions for PCPs Completing Specialty Referral Form

To be completed by the Primary Care Physician:

1. Date issued.
2. Member's Name.
3. Member's Birth date.
4. Member's identification number with dependent code.
5. Enter the full name of Specialist.
6. Enter the Specialty type.
7. Enter the full address of the Specialist office.
8. Enter the telephone number of the Specialty Provider.
9. Enter the fax number of the Specialty Provider.
10. Enter the full name of the Referring Primary Care Physician.
11. Enter the Referring Provider's telephone number.
12. Signature of the Referring Primary Care Physician.
13. Referring Primary Care Physician's fax number.
14. Specify reason for request.
15. Check the appropriate box to indicate the type of request and the requested time frame for authorization.
16. A copy of the Specialty Referral Form mailed/faxed to the specialist.
17. A copy of the Specialty Referral Form filed in the member's medical chart.
18. A copy of the Specialty Referral Form given to the member.
19. CFMG does not require a copy of the Specialty Referral Form.
20. Specialty referrals should be initiated within sixty (60) days and expire after six months.