LAUREL HEALTH SYSTEM REFERRAL REQUEST

Referred To:_____ ☐ Any Consultant

Department: _____ ☐ Specific Consultant

Consultant:_____

☐Today ☐Within 3 Days ☐Within 3 Weeks

Appointment: Date_____Time_____Init._____

Insurance: ☐ Laurel Health System Health Plan

☐ Other _____

SS#:

Name

Address

REFERRAL INFORMATION – Please Note: This is not a guarantee of coverage.

A. PROBLEM:

B. DESIRED SERVICE FROM CONSULTANT:

AUTHORIZATION - Check One Item

Effective July 1, 2005, the following radiology services are required to be performed at Soldiers + Sailors Memorial Hospital for all individuals that live in Tioga County, even if they have been referred to providers out of the county (except for emergency situations): ****MRI, CT, Nuclear Medicine, Mammography and Dexa Scan (bone density)* ***

☐ Opinion and Recommendation Only (1 visit)

☐ Defined Limits (Enter Either or Both)

_____Visits

_____Months (6 Month Default if Left Blank)

INFORMATION TO BE SENT TO CONSULTANT:

☐ Dictated Letter_____

☐ H&P_____

☐ D/C Summary_____

☐ Progress Notes_____

☐ Labs_____

☐ X-Ray_____

☐ Medication List_____

☐ Other (list)_____

☐ Sent with Patient ☐ Mail ☐ Fax

RETURN REPORT AND STUDY RESULTS TO:

Referring Physician:_____
(Print Name)

Signature:_____

LHS Physician Code No._____

Address:_____

Address:_____

Date:_____ Telephone/Ext._____

CONSULTING PHYSICIAN INSTRUCTIONS FOR LHS REFERRALS

CONTACT REFERRING PHYSICIAN IF:	ADDITIONAL INFORMATION:
• ADDITIONAL VISITS BEYOND THOSE AUTHORIZED ARE NECESSARY • HOSPITALIZATION OR SURGERY IS NECESSARY • AN ADDITIONAL REFERRAL IS REQUIRED • MAJOR DIAGNOSTIC TESTS ARE NECESSARY	• ADDITIONAL REFERRALS MUST BE AUTHORIZED BY THE PRIMARY CARE PHYSICIAN. • OUT OF SYSTME REFERRALS REQUIRE PRIOR APPROVAL BY PLAN ADMINISTRATOR • REFERRAL VALID FOR INITIATING SERVICES WITHIN 60 DAYS FROM DATE OF AUTHORIZATION. • REFERRAL DOES NOT BIND COVERAGE FOR SERVICES NOT COVERED BY LHS. • LAB AND RADIOLOGY SERVICES MUST BE PERFORMED IN LHS FACILITY. • ADMINISTRATIVE QUESTIONS—1-800-808-LAUREL. • FOR PAYMENT, ATTACH A COPY OF THIS REFERRAL REQUEST TO YOUR BILLING FORM.

DISTRIBUTION: ORIGINAL - CONSULTANT YELLOW –TYOGA CARENET//LAUREL HEALTH SYSTEM PINK - PRIMARY CARE/REFERRING PHYSICIAN

114 EAST AVENUE
WELLSBORO, PA 16901

LAUREL HEALTH SYSTEM