

Lake County Physicians' Association



Specialist Additional Referral Request Form

If the specialist is recommending any follow up office visits/ additional testing/procedures, then the specialist office should fill this form out and fax it back to PCP. The PCP office will then submit referral to LCPA for authorization if appropriate.

Date: _____

Patient's Name: _____

Patient's DOB: _____

Patient's Insurance ID: _____

Patient's PCP: _____

Insurance Plan: _____ ****Not for use with Humana Gold Plus HMO plans. Please contact Humana directly.**

Specialist Name: _____

Clinical Dx Code (ICD-10): _____

Description: _____

CPT Code(s): _____

Place of Service: _____

of Additional Visits Requested: _____

Additional Information (Ex. Quest or Invitae Lab Codes/ DME codes or specific model/ Conservative treatment already performed): _____

Next Appointment Scheduled For: _____

Date Faxed Back to PCP: _____ By: _____

*** Per LCPA Policy Specialist Notes Must Be Faxed Back to PCP within 1 Week from Date of Service***