

# 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.**

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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\***