VCHCP PCP DIRECT REFERRAL FORM

** Member Must Take a Copy to Specialist for Initial Visit **

SPECIALTIES AND SERVICES FOR DIRECT REFERRAL

** Referrals to the following specialties do not require prior authorization from VCHCP **

Physical Therapy & Occupational Therapy

All VCHCP contracted specialists [EXLUDING TERTIARY REFERRALS, e.g. UCLA AND CHLA]

can be directly referred by PCPs using the direct referral form. (PT & OT) - evaluation and 7 visits approved **Nutritional Counseling** Date of Referral: Patient Name: DOB: Plan I.D.: Pt. Phone #: Referring Physician: Referring Physician phone #: Referring Physician Fax # Consulting Physician or Service: Specialty: Address: Office Phone #: Fax#: If the Referring Physician is a non VCMC PCP, please fill out the following: Dear Specialist, after the patient's visit, please send consultation result/report to the PCP. PCP Address: PCP Phone Number: PCP Fax Number: Diagnosis or Problem: Reason for Consultation: Urgency of Consult: Routine (15 business days) Urgent (48 hours) Check if it is acceptable that this consult is later than 15 business days: Appointment Date: Time: Consultations must be with specialists contracted with the Ventura County Health Care Plan (see the VCHCP Provider Directory for contracted

- Consultations must be with specialists contracted with the Ventura County Health Care Plan (see the VCHCP Provider Directory specialists - www.vchealthcareplan.org). Specialist should check eligibility.
- Referrals to any tertiary provider or center must by approved by the Health Plan & this form should not be used.
- · Direct referrals to specialists are approved for an initial consult and appropriate follow-up visits.
- All procedures other than common office procedures done in the primary care office must be authorized (805-981-5060)
- If access cannot be obtained within the accepted time period, contact the utilization management department of the Ventura County Health Care Plan at 805-981-5060.