

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 ****

All VCHCP contracted specialists **[EXCLUDING TERTIARY REFERRALS, e.g. UCLA AND CHLA]** can be directly referred by PCPs using the direct referral form.

Physical Therapy & Occupational Therapy
(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 name:

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 specialists - www.vchealthcareplan.org). Specialist should check eligibility.
- Referrals to any tertiary provider or center must be 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.