



## MEDICARE ADVANTAGE REFERRAL FORM

Please fax this completed form and documentation supporting medical necessity (progress notes, lab results, imaging reports, etc..) for this referral to our office at (208) 322-4691. Medicare Advantage referrals cannot be submitted to a member's plan until all required information has been received.

### Member Information

Last Name:

First Name:

Date of Birth:

Member ID:

### Diagnosis Code(s)

Primary Diagnosis Code (ICD-10 Required):

Additional Diagnosis Code(s) (ICD-10 Required):

### Treating Provider

Last Name:

First Name:

Provider NPI:

Group NPI:

Tax ID:

Phone:

Fax:

Address:

City:

State:

Zip:

### Facility/Hospital

Facility Name:

Facility NPI:

Tax ID:

Phone:

Fax:

Address:

City:

State:

Zip: