(Please type or print)

SoonerCare/Insure Oklahoma Referral Form

Member Name

(Last name) *(First Name)* *(Middle Initial)*

Member ID **Member Phone** **Member DOB**

(Date of Birth 00/00/0000)

REFERRED TO:

Provider Name *(must be current SoonerCare provider)* Ascension Healthy Lifestyles

Phone 918-744-2444 **Fax** 918-856-5503

Provider Address 1819 E 19th St, Ste 300, Tulsa, OK 74104

Referral Valid from date **to date**

(Begin date not to exceed 6 months retrospectively; end date cannot exceed 12 months total)

Reason for Referral Medical Nutrition Therapy for Obesity

REFERRED BY:

Medical Home Provider Name **Phone**

Name of Referring Provider **Date**

Signature of Referring Provider

Referring Provider ID Number **NPI#**

(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
- All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at http://www.okhca.org/provider/forms.asp.

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.

PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.