

Note: For faster processing, referrals can be entered directly into the Stride provider portal.
(For paper referral submissions, please fax this form to 866-874-0857.)

Date:		Number of visits/units:	
Referral begin date:		End date (Dates left blank will default to 90):	
Member Information		Referring Physician Information	
Name:		Name:	
Date of birth:		Phone:	
HPHC member ID #:		Fax:	
Phone #:		Contact person:	Ext:
Referrals to Provider and Physician			
(Check one, <i>must be a par provider</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Radiology Center <input type="checkbox"/> Orthotics & Prosthetics < \$500 <input type="checkbox"/> ASC			
Name:		Phone:	
Address:		Fax:	
		Tax ID:	
Service Codes		Diagnosis Codes	
Code:	Description:	Code:	Description:
Code:	Description:	Code:	Description:
Location of Service(s)			
<input type="checkbox"/> 11 - Office <input type="checkbox"/> 24 - Ambulatory Surgical Center <input type="checkbox"/> 49 - Independent Clinic		<input type="checkbox"/> 81 - Independent Laboratory <input type="checkbox"/> 99 - Other Unlisted Facility	
Facility — Ambulatory Surgery Center only (inpatient and outpatient hospital require pre-certification)			
Name of facility (must be a participating provider):		Phone	
Address:		Fax:	
		Tax ID:	
Comments or Additional Codes:			

Medicare Advantage Referral Form — Fax: 866-874-0857

Instructions: This form is for referral to the following only:

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| <ul style="list-style-type: none"> • Participating specialists for office visit and treatments in the office that do not require pre-certification • Free-standing (not hospital-based) radiology centers • Ambulatory Surgery Centers — except for excluded procedures (See Pre-certification List) • Orthotics/Prosthetics — only orthotic/prosthetic with a purchase price < \$500 • Cardiac rehabilitation services • Consult to a Specialist ONLY • Chiropractic • End stage renal disease • Eye exams — Exception: annual eye exam does not require a referral | <ul style="list-style-type: none"> • Hearing exams • Kidney disease education services • Medical nutrition therapy • Occupational therapy services • Physical therapy services • Podiatry services • Provider specialist services excluding psychiatric services • Pulmonary rehabilitation services • Speech language pathology |
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One copy to patient's chart and one copy to the Provider and one copy faxed to Plan.

Note to authorization receiving provider/facility: This referral form is only for services listed above. Services requiring Prior Authorization are subject to change. Please refer to the Medical Management section of www.harvardpilgrim.org for current policies. If you are a non-participating provider, inpatient facility, or outpatient hospital provider, an authorization is required for your services. This is not an authorization form and payment is therefore not guaranteed. If you have any questions, please call Stride Customer Service at 888-609-0692.

***Evidence of referral only is needed for Maine and New Hampshire Stride members;** evidence of referral should be provided by completing box 17 and 17B on CMS-1500 claim form. Please refer to our Stride (HMO) Medicare Advantage Referral Policy for details.