ALABAMA MEDICAID REFERRAL FORM
PHI-CONFIDENTIAL

Today's Date _____

Date Referral Begins _____
(if different from above)

Important NPI Information
See Instructions

Medicaid Recipient Information

Recipient Name	Recipient #	Recipient DOB
Address	Telephone # with Area Code _____ Name of Parent/Guardian _____	

Primary Care Provider /Alabama Coordinated Health Care Network Information | **Screening Provider (if different from PCP)**

Primary Care Provider /Alabama Coordinated Health Care Network Information	Screening Provider (if different from PCP)
Name	Name
Address	Address
Telephone # with Area Code _____	Telephone # with Area Code _____
Fax # with Area Code _____	Fax # with Area Code _____
Email _____	Email _____
NPI # _____	NPI # _____
Medicaid Provider # _____	Medicaid Provider # _____
Signature _____	Signature _____

Type of Referral

☐ PCP/ACHN ☐ EPSDT Screening Date _____ *Select one of the following types of EPSDT Screenings:* ☐ Periodic ☐ Interperiodic ☐ Case Management / Care Coordination	☐ Lock-in ☐ Other (please describe) _____

Length of Referral

Referral valid for _____ month(s) or _____ visit(s) from date referral begins.

Referral Valid For

☐ Evaluation Only	☐ Treatment Only
☐ Evaluation and Treatment	☐ Hospital Care (Outpatient)
☐ Referral by consultant to other provider for identified condition (cascading referral)	☐ Performance of Interperiodic Screening (if necessary)
	☐ For Billing Purposes Only
☐ Referral by consultant to another provider for additional conditions diagnosed by consultant (cascading referral for EPSDT only)	☐ Other (please describe) _____

Reason for referral by PCP/ACHN	Other conditions/diagnoses identified by PCP

Consultant Information (Consultant can be an individual provider or a provider group)

Consultant Name	
Address	Consultant Telephone # with Area Code

Note: Please submit written report of findings including the date of examination/service, diagnosis, and consultant signature to PCP

Findings should be submitted to Primary Care Physician (PCP) by

☐ Mail	☐ E-mail	☐ Fax	☐ In addition, please telephone