

UnitedHealthcare Community Plan of New Jersey specialist referral form

Instructions: Primary care physicians should use this form to refer a NJ FamilyCare member to a specialist. Patient must be a covered member at the time of service.

Requirements:

- Referrals must be generated for in-network specialists only
- Please use this form to submit referrals for NJ FamilyCare/Medicaid members
- Retroactive referrals are not accepted

Send the completed form by fax or mail

- **Fax:** 844-881-1937
- **Mail:** UnitedHealthcare Community Plan
P.O. Box 31365, Salt Lake City, UT 84131-1362

Member information

Last name:	MI:	First name:	
Member ID number:		Phone number:	
Date of birth (MM/DD/YYYY):	Address:		
City:	State:	ZIP code:	

Referring primary care physician (PCP)

Last name:	MI:	First name:	
Tax ID number:		National Provider Identifier (NPI) number:	
Address:			
City:	State:	ZIP code:	
Phone:		Fax:	

Specialist/rendering physician

Last name:	MI:	First name:	
Specialist tax ID number:		Specialist NPI number:	

Specialist/rendering physician (cont.)

Address:

City:

State:

ZIP code:

Phone:

Fax:

Referral information

Service requested:

Reason for referral:

Diagnosis with code (ICD-10). List at least 1, not more than 2:

(Note: Maximum duration of 6 months)

Routine referral – 1 to 6 visits

Standing referral – 1 to 99 visits – Requires
qualifying diagnosis

Number of visits:

If blank, 1 visit is assumed

Routine services start date:

Routine service end date:

Standing referral start date:

Name and title of individual completing this form (only required if assigned PCP is NOT completing this form)

Signature of person completing form:

Name of referring PCP:

Today's date:

Signature of referring PCP:

Today's date: