UnitedHealthcare Community Plan of New York specialist referral form

Primary care physicians (PCPs) should use this form to refer UnitedHealthcare Community Plan, Child Health Plus (CHP) and Wellness4Me (HARP) members to a specialist.

Requirements:

- Referrals must be generated for in-network specialists only
- 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 PCP information			
Last name:	MI:	First name:	
Tax ID number:		National Provider Identifier (NPI) number:	
Address:			
City:		State:	ZIP code:
Phone:		Fax:	

Specialist/rendering physician information			
Last name:	MI:	First name:	
Specialist tax ID number:		Specialist NPI number:	

UnitedHealthcare® Community Plan

Specialist/rendering physician information (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:	Routine services start date: Routine services 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:

UnitedHealthcare® Community Plan