eternalHealth

REFERRAL REQUEST FORM

Please send the completed form and any additional information to eternalHealth by mail or fax, or by calling.

- **Fax:** 866-337-8686
- **Mail:** P.O. Box 1377, Westborough, MA, 01581
- **Provider Service:** 800-680-9255

Who May Make a Referral Request: Primary care providers (PCP) may refer members to any specialists within the eternalHealth network. A referral is required when the PCP requests that a member be evaluated and/or treated by a specialist for non-emergent care.

Note to PCP: Keep copies of this form and all documentation submitted with this request. Do not submit clinical information with this form. Please complete one form for each member referral.

Member Information	
Member Name (Last, First, MI)	
Product Name	
Member ID #	
Member Date of Birth (MM/DD/YYYY)	
Member Phone	

Referring Primary Care Provider (PCP) Information	
Provider Name (Last, First, MI)	
Provider ID #	
Provider Tax ID #	
Provider Address	
Provider Phone	
Provider Fax	

Specialist/Rendering Physician Provider	
Provider Name (Last, First, MI)	
Provider Specialty	
Provider ID #	
Provider Tax ID #	
Provider Address	
Provider Phone	
Provider Fax	

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Referral Information	
Service Requested	☐ Routine Referral ☐ Standing Referral (requires qualifying diagnosis and is limited to 1 year)
Reason for Referral	
Diagnosis with Code (ICD-10) (Enter at least one)	
Number of Visits (If left blank, 1 visit is assumed)	
Requested Referral Start Date (MM/DD/YYYY)	
Requested Referral End Date (MM/DD/YYYY)	

Signature of Requestor	
Name of Individual Completing this Form (Last, First, MI)	
Signature of Individual Completing this Form (By typing your name here, you attest that the information given is true and accurate to the best of your knowledge)	
Today's Date	

ADDITIONAL NOTES:

- The plan does not require referral for emergency services.
- Referrals do not permit specialists to refer members to other specialists for care. The PCP must submit a referral to seek care from other specialists.
- Prior authorization for certain products or services may be required. Products or services requiring prior authorization can be found at www.eternalhealth.com.
- PCPs should refer to in-network specialists. Referral to an out-of-network provider may require prior authorization, depending on the member's plan.
- The referral is not a guarantee of payment. Payment is subject to eligibility on the date of service, plan benefits, limitations and exclusions, pre-existing condition limitations, and member liability under the plan.
- Retroactive referrals are not accepted.