

**Urgent:** Patient's medical condition requires a referral determination within 72 hours.

**Routine:** Patient's medical condition will allow a referral determination within 5 working days.



Phone (661) 716.7100  
 Toll-Free Phone (800) 414.5860  
 Fax (661) 716.9130  
 Toll-Free Fax (800) 414.5861

## PCP and Specialist Request for Services

4550 California Ave., Suite 100  
 Bakersfield, CA 93309

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 If you have any questions or need assistance, contact your Client Relations Account Manager  
 by department e-mail: [clientsupport@managedcaresystems.com](mailto:clientsupport@managedcaresystems.com), or by calling **661.716.7110**.

REQUESTING PROVIDER	<input type="checkbox"/> Grimmway EPO	<input type="checkbox"/> Grimmway OOA/OOS/PPO	<input type="checkbox"/> Grimmway Basic & Basic PLUS
	<input type="checkbox"/> SunviewCare	<input type="checkbox"/> County of Kern EPO	

### Patient Identification

LAST NAME		FIRST NAME		
ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE		RELATION IF NOT SUBSCRIBER	
DATE OF BIRTH / /	AGE	SEX	AUTO ACCIDENT, WORK RELATED INJURY OR OTHER INSURANCE? IF YES, PLEASE IDENTIFY <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Subscriber Identification

SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	MI
SUBSCRIBER ID#	MEMBER'S OTHER COVERAGE	

### Reason for Referral

DATE OF REQUEST / /	PATIENT DIAGNOSIS	DIAGNOSIS CODE
SYMPTOMS		
EXAM FINDINGS		
DIAGNOSTIC TESTS DONE		
		REQUESTING PROVIDER SIGNATURE

### Requested Service/Procedure

1. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
2. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
3. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
4. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
5. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
6. PROVIDER/SPECIALTY/FACILITY	PROVIDER PHONE	REQUESTED SERVICE/PROCEDURE	PROCEDURE CODE
EXPECTED DATE OF SERVICE/PROCEDURE	<input type="checkbox"/> OFFICE <input type="checkbox"/> ASC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT		