☐ **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.

Dignity Health Management Services

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

4550 California Ave., Suite 100
Bakersfield, CA 93309

PCP and Specialist Request for Services

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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**, or by calling **661.716.7110**.

REQUESTING PROVIDER	☐ GEMCare/DHMN ☐ DMG/DHMN ☐ Health Net Medi-Cal

Patient Identification

LAST NAME		FIRST NAME		
ADDRESS CHANGE ☐ YES ☐ 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 ☐ YES ☐ 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	☐ OFFICE ☐ ASC ☐ OUTPATIENT ☐ INPATIENT		

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