

☐ **Urgent: Must be called in.**

Patient's medical condition (detrimental to life or health) requires a referral determination within 72 hours.

☐ **Routine:** Patient's medical condition will allow a referral determination within 5 working days, (Medi-cal/ Commercial) & 14 calendar days, (Medicare)



**Dignity Health
Management Services**

Phone (661) 716.7100
Urgent Line (661) 716.3400
Toll-Free Phone (800) 414.5860
Fax (661) 716.9130
Toll-Free Fax (800) 414.5861

PCP and Specialist Request for Services

1600 D St, Bakersfield, CA
93301

TIRED OF FAXING? Sign up to submit this form online at: www.managedcaresystems.com. 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	<input type="checkbox"/> GEMCare/DHMN	<input type="checkbox"/> DMG/DHMN	<input type="checkbox"/> Health Net/ABC Medi-Cal
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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		