



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • (831) 430-5500
339 Pajaro Street, Suite E • Salinas, CA 93901-3400 • (831) 755-6000
530 West 16th Street, Suite B • Merced, CA 95340-4710 • (209) 381-5300

SUBMITTING TIMELY REFERRAL CONSULTATION REQUESTS

Referring physicians are responsible for submitting completed Referrals to the Alliance in a timely manner to avoid delay in processing claims submitted by the servicing provider. If the servicing provider bills for services rendered and the Alliance has not received your Referral, the claim will deny for no Referral on file. As a courtesy to your colleagues and to ensure continued access to specialty services, please submit Referrals in a timely manner.

Remember, we've recently automated the referral/consult process and you can complete and submit this form to the Alliance electronically thru your Alliance Web Account.

Please adhere to the following checklist for an effective submission of your Referrals:

- If handwritten please write legibly or the form may be returned. Do not cross out information.
- Be sure to include member's name, address, age, sex, date of birth, and identifying information such as the Client Index Number(CIN).
- Properly complete the Servicing Provider's information which includes a complete name, address, and phone number.
- Enter into the appropriate box a detailed description of the diagnosis and ICD-9 or CPT code.
- Fill in the dates. This is the time-frame the referral is valid from. (No more than one calendar year.)
- Be sure to sign and date the form (must be signed by the referring MD).
- Make sure to immediately provide copies of the referral to the Servicing Provider and the Alliance.
- Immediately submit Referrals to the Alliance upon completion.

Thank you in advance for your cooperation. Please contact your Provider Services Representative if you would like to submit Referrals online or have questions or concerns.