

MANAGED CARE REFERRAL FORM

www.empireblue.com

PO BOX 1407, Church Street Station New York, New York 10008- 1407

Fax No. 800-522-5793

Reference Number

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PCP's Tracking Number (Optional/Not Required)

Referrals are not valid for the following services; please contact Empire Medical Management at 1-800-441-2411 for approval of these services:

- Non-participating Provider's
 Emergency/Maternity Admissions
- Empire Baby Care

- Inpatient Admission to Hospital/Facilities
- Home Care, Hospice, Private Duty Nursing (at home)
- Surgery not performed in doctor's office

Please remember Authorized Services are subject to Limitations/Exclusions of Contract.	Health Plans (• HMO		<u>juire</u> a r nild Hea					partic ealthy		ing _	prov			t Pay	НМО		•	Dire	ct Pay	/ HM	O/P	os	
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Referral Reason/Remarks/Limitations:	Referral Reason/Rema	arks/Limitati	ions:																				
Signature of Referring Physician								anot:	f Def	inc	hyei-'												