GREA	ATER	REFERRA	AL FORM	
NEWPORT			🗖 PROGI	RESS NOTES SUBMITTED
PHYSICIANS			Fax Requested Notes to GNP at 714-665-4611	
CHECK ONE:	CHECK ONE: Contact:			
URGENT Direct Line:		Please note: it is the responsibility of the entity submitting the request to confirm the fax was received by GNP.		
ROUTINE				·
□ RETRO	Date:			of your authorization request, discuss care,
(services provided without			or for other UM rela	ated questions, you may call 657-241-3603.
prior authorization)				
Commercial Plans:		Senior Plans:		pital Affiliation:
] Cigna] Health Net	□ Blue Shield □ One Care		GNP Hoag GNP OCMMC GNP SBMMC GNP LBMMC
	United Healthcare West			JINP SBIMINIC LI GINP L'BIMINIC
	(Padificare)	\Box United Hea	ltheare	
□ Other:	· · · · · ·			
			20113)	
(PLEASE PRINT)				
				Referral To: (Include Provider &
Patient's Name:		(First)		Location of Service)
Address:				Provider:
City:		Zip:		
Home #:		Work #:		Place of Service:
Effective Date w/ GNP:		ID#:		Specialty:
Date of Birth:		Co-Payment \$:		Phone:
Primary Care Physician:				Fox
Primary Care Physician:				
ICD-9 / DIAGNOSIS: CPT / PROCEDURE CODES & UNITS/VISITS:				
RETRO DATE(S) OF SERVICE (if applicable) :				
Requesting MD: Signature:				Date Submitted:
(Print Name) (Signature Required – will not process without it)				
CLINICAL HISTORY & SERVICE REQUESTED: (Please be specific)				
UM Notes:				

- 1. Incomplete submission of records may result in delay or denial of request.
- 2. All requests will be reviewed in accordance to patients benefit and health plan guidelines.
- 3. Submission of request does not mean approval of the request.

IF PATIENT IS NOT ELIGIBLE ON THE DATE SERVICES ARE RENDERED PAYMENT WILL BE DENIED. THIS REFERRAL DOES NOT GUARANTEE PAYMENT BY GREATER NEWPORT PHYSICIANS, INC. CONFIDENTIALITY/DISCLOSURE WARNING: This transmittal contains PRIVILEGED AND CONFIDENTIAL information intended for use by the recipient named above. Use, copying, or distribution by any person is strictly prohibited. If you have received this transmittal in error please notify us immediately by telephone and return the misdirected transmittal to us by US Mail (or as directed by the sender). Thank you!