

DATE		REFERRING TO PHYSICIAN/SPECIALTY																			
PATIENT NAME			DATE OF BIRTH																		
HOME ADDRESS			E-MAIL																		
HOME PHONE	CELL PHONE	INSURANCE																			
REFERRING PHYSICIAN NAME	PHONE NUMBER	FAX NUMBER																			
DIAGNOSIS WITH ICD-10 CODE			VISIT TYPE: <input type="checkbox"/> New Visit <input type="checkbox"/> Follow-Up Visit																		
PRIORITY (CIRCLE ONE): Emergent (48 Hours) Urgent (72 Hours) Routine																					
FOR SURGICAL REFERRALS, PLEASE SPECIFY (CIRCLE ONE): <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Bariatric</td> <td style="width:33%;">Gastrointestinal</td> <td style="width:33%;"></td> </tr> <tr> <td>Cancer/Oncology</td> <td>General</td> <td>Sleep</td> </tr> <tr> <td>Cardiothoracic</td> <td>Hepatobiliary</td> <td>Urology</td> </tr> <tr> <td>Colorectal</td> <td>Neurosurgery</td> <td>Vascular</td> </tr> <tr> <td>ENT</td> <td>Orthopedic</td> <td>Other: _____</td> </tr> <tr> <td>Endocrine</td> <td>Plastic</td> <td></td> </tr> </table>				Bariatric	Gastrointestinal		Cancer/Oncology	General	Sleep	Cardiothoracic	Hepatobiliary	Urology	Colorectal	Neurosurgery	Vascular	ENT	Orthopedic	Other: _____	Endocrine	Plastic	
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Cancer/Oncology	General	Sleep																			
Cardiothoracic	Hepatobiliary	Urology																			
Colorectal	Neurosurgery	Vascular																			
ENT	Orthopedic	Other: _____																			
Endocrine	Plastic																				
REFERRAL CHECKLIST (please be sure you have included the following with your request): <ul style="list-style-type: none"> • Face sheet with complete patient demographic information • Insurance information – copy of insurance card front and back • Benefits ID Card (BIC) number and Client ID number (CIN) – For Medi-Cal Health Plans • Copy of Authorization (all HMO patients need authorization prior to referring) • Medical Records – progress notes, labs, and diagnostic reports within the last six months 																					
FREQUENT AUTHORIZATION CODES* <table style="width:100%; border:none;"> <tr> <td style="width:50%;">HMO Coverage: 99205</td> <td style="width:50%;">Maternal-Fetal Monitoring and OB Ultrasound:</td> </tr> <tr> <td>Medi-Cal Health Plans: 99205, Z7500</td> <td>Less than 14 weeks— 76801, 76817</td> </tr> <tr> <td>Cardiology: 93005, 93010</td> <td>Twins — 76801, 76802, 76817</td> </tr> <tr> <td>Dermatology: 11100</td> <td>More than 14 weeks — 76805, 76816</td> </tr> <tr> <td>Neuro Ophthalmology: 92083, 92133, 92060</td> <td>Prenatal Genetics: Med-Cal S0265 x 6 visits or Commercial 96040 x 5 visits</td> </tr> </table>				HMO Coverage: 99205	Maternal-Fetal Monitoring and OB Ultrasound:	Medi-Cal Health Plans: 99205, Z7500	Less than 14 weeks— 76801, 76817	Cardiology: 93005, 93010	Twins — 76801, 76802, 76817	Dermatology: 11100	More than 14 weeks — 76805, 76816	Neuro Ophthalmology: 92083, 92133, 92060	Prenatal Genetics: Med-Cal S0265 x 6 visits or Commercial 96040 x 5 visits								
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<i>*Please note that special procedures may require additional codes. Call us at 714-456-7001 for details.</i>																					

Specialty Department	Referral Phone	Referral Fax	Note
Cancer Center	714-456-7001	855-211-3729	
Ear, Nose and Throat	714-456-7001	855-854-5414	Please call to obtain the CPT codes required for referrals.
Gastroenterology/Colorectal	888-717-4463	714-456-5346	
Neurosurgery	714-456-7001	844-677-8698	Recent note and images are required for referrals and will be reviewed prior to scheduling.
Ophthalmology	714-456-7001	855-376-5057	Please call to obtain the CPT codes required for referrals.
Plastic Surgery	714-456-3077	714-456-2229	
Radiology	714-456-7237	888-977-1576	
Rehabilitation Services	714-456-5571	714-456-5627	
Urology	714-456-7001	877-829-7891	
Women's Health and Maternal-Fetal Medicine	714-456-7001	877-853-4613	Recent note is required for referrals and will be reviewed prior to scheduling.
General/All Other Specialties	714-456-7001	855-209-8413	

Medical Records Requests

Records requests should be faxed to our Health Information Management office with the patient information. For urgent requests, indicate "STAT" on the request, and records will be faxed within the hour.

Medical Records Fax: 714-456-7576

Medical Records phone: 714-456-5670, select Option 5, then Option 1 to speak to a representative.

Contact Us

For urgent physician requests, or to meet a UCI Health provider, contact one of our Business Development professionals.

Stephanie Brown	Sunny Chon	Beatrice Hernandez	Rodney Mardirosian	Ken Salehi
657-799-1883 cell	714-728-7755 cell	760-861-3239 cell	818-439-5258 cell	310-709-0108 cell
slbrown1@hs.uci.edu	pchon@hs.uci.edu	beatrdh1@hs.uci.edu	rmardiro@hs.uci.edu	salehik@hs.uci.edu
ENT, Sleep, General Requests	Cardiology, Vascular, Women's Health	Digestive Health	Neurology, Neurosurgery, Orthopaedics, Pain Management	Cancer