

Visit : <https://transfercenterportal.ucihealth.org>

- 1) In Main Page - Click Sign in: Enter Username and password.

**UCI Health** Transfer Center Portal Home |  | Sign in

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## UCI Health Patient Transfers

Welcome to the UCI Health Patient Transfer Portal. This tool is designed to streamline the process and improve communication between the UCI Health Transfer Center and the referring facilities.

Questions? Contact 714-456-2222 and our Transfer Center specialists will be happy to assist.

[Request Portal Access](#)



**UCI Health** Transfer Center Portal Home |  | Sign in

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[Sign in](#) [Register](#) [Redeem invitation](#)

Sign in with a local account

\* Username

\* Password

Remember me?

[Sign In](#) [Forgot your password?](#)

- 2) Go to our email and copy the security code from your email that you just received from UCI into the sign in screen. Click **Verify**. This will take you to your personalized portal.

**UCI Health** Transfer Center Portal Home |  | Sign in

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Enter security code

Code

Check your email for the security code.

[Verify](#)

- 3) Click on New Request. And it will take you to the referral request form as seen below. Enter all the pertinent information. Most fields are required and marked with (\*) asterisks. Click **Next**

**UCI Health** Transfer Center Portal | Home | My Requests | New Request | Q | Ediz

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### Sample Intake Form

**UCI Health** Transfer Center Portal | Home | My Requests | New Request | Q | Ediz Test

1 Intake Information | 2 UCI Infectious Disease Screening Form | 3 Upload Documents

For faster processing, please include all of the required documents in your request.

**Transfer To Facility**

**Transfer to Facility \***  **Bed Assignment**

**MR #**

**Transferring Facility Information**

**Referring Facility**  **HLOC Facility**  No  Yes

**Referring Primary MD \***  **Provider Office Phone \***

**Secondary-Specialist MD**  **Secondary-Specialist MD Phone**

**Patient Information**

**Admission Date**  **Unit/Room #**  **Unit Phone**

- 4) In documents screen - Click Create button and choose document type and upload each file for patient the patient. Do not send multiple patient information all in one file. Upload Insurance Information, Medical Records, Authorization or any other attachments related to the transfer request. Click **Submit**

1 Intake Information ✓ 2 Upload Documents

Please attach Insurance Card if available.

## Documents

[Create](#)

Document Type	Created On
There are no records to display.	

[Previous](#) [Submit](#)

1 Intake Information ✓ 2 Upload Documents

Please attach Insurance Card if available.

## Documents

[Create](#)

Document Type	Created On	
Insurance Card-Information	8/27/2024 2:49 PM	<a href="#">v</a>
Medical Records	8/27/2024 2:49 PM	<a href="#">v</a>
Authorization	8/27/2024 2:49 PM	<a href="#">v</a>

[Previous](#) [Submit](#)

- 5) You will see a screen saying your information have been submitted successfully.
- 6) To see the requests that you have submitted within the last 30 days, click on “**My Requests**” screen.

**Patient Last Name**

[Apply filter](#)

Intake Number	Created On	Patient Last Name	Patient Middle Name	Patient First Name	Patient DOB	Intake Status	Provider Specialty	
001310	8/27/2024 1:53 PM	Tufekcioglu		Ediz	8/5/2024	Submitted	sd	<a href="#">v</a>
001311	8/27/2024 2:47 PM	Tufekcioglu		fgfgfg	8/5/2024	Submitted	PC	<a href="#">v</a>