

Referral Request

PO Box 91110
Sioux Falls, SD 57109
(800) 805-7938
Fax: (605) 328-6813
sanfordhealthplan.com



Referring Department: HAMC HOAJC Satellite St. Andrews Other

Patient Information

Patient Name:		Patient Address:	
Patient Member ID #:		City:	State: Zip:
DOB:		Patient Phone:	
Primary Care Physician:			

Referral Information

Referred to Physician:		Facility Name:	
Address:		Phone Number:	
City:	State:	Zip:	Diagnosis:
Number of Visits Requested:		Appointment Date:	
Care Request – Please indicate level of care <input type="checkbox"/> Consultation – A request for an opinion only (one visit) <input type="checkbox"/> Treatment – A request for diagnostic evaluation and treatment <input type="checkbox"/> Follow-up – A request for opinion and further treatment if medically indicated <input type="checkbox"/> Surgery – A request for consultation, surgery, and follow-up <input type="checkbox"/> Other _____		Reason for Referral Request – Out of Network <input type="checkbox"/> Service not available at HAMC or contracting facilities <input type="checkbox"/> Emergency/Urgent Services <input type="checkbox"/> Patient Request <input type="checkbox"/> Continuity of Care	
Primary Care Provider Signature:		Phone Number:	Date of Referral:

Important Notes:

Referral is valid only for the number of visits and the type of service indicated above. Visits beyond an initial referral may require review of medical records by Sanford Health Plan to determine medical necessity. Failure to preauthorize additional visits or services may result in denial of payment.

Sanford Heart of America Health Plan Use Only

<input type="checkbox"/> Referral approved <input type="checkbox"/> Referral denied <input type="checkbox"/> Need more information Number of visits approved _____	Comments:
Signature of Chief Medical Officer:	
Date:	

Questions? Call the Utilization Management Department at (800) 805-7938.

*If you do not understand this form or would like it in a different format (for example, in a larger font size), please call (800) 752-5863 (toll-free) | TTY/TDD: (877) 652-1844 (toll-free). This is a free service.
If you need us to translate this form, please call (800) 892-0675 (toll-free). This is also a free service.*