

Date of Request: \_\_\_\_\_

Please fax a Completed copy of the referral to IMS @ 1 (806)373-1458 or email to: [precert.fax@imsm.net](mailto:precert.fax@imsm.net)

### Referring Provider Information:

Physician Name \_\_\_\_\_ Signature (required) \_\_\_\_\_  
 Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Referring Tax ID \_\_\_\_\_  
 Referral Created By \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Patient Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 ParkCare Plus ID # \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

### Reason for Referral:

Name of Provider being Referred to: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Office Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Office Contact \_\_\_\_\_  
 Reason an In-Network Provider Cannot be Utilized: \_\_\_\_\_

ICD 10 /Diagnosis Description \_\_\_\_\_  
 Service/Specialty Requested \_\_\_\_\_ Procedure Codes \_\_\_\_\_  
 Anticipated Date of Service \_\_\_\_\_ End of Treatment Date \_\_\_\_\_

**Type of Service Requested:**  Consultation  2nd Opinion  Radiology Services  Lab Services  
 Follow up  Surgery  Continuation of Care (Please provide a faxed copy of the last 2 office visits for substantiation)

**Other (please specify):** \_\_\_\_\_

\*\*\*\* Referrals should be submitted before services are rendered. The referral is not a guarantee of benefits or eligibility. For Maximum plan benefits all services (lab, x-ray, surgery, etc.) must be performed in network if possible. All services performed elsewhere are subject to reduced benefits unless approved. For questions regarding CoPays or Health Plan eligibility, please contact IMS toll-free at 1-800-687-5944.

#### IMS MC ONLY:

Service(s):  Can be performed In-Network  CAN NOT be performed in Network  
 Reimbursement/payment:  Out of Network  In Network

Referral Effective Date \_\_\_\_\_ Authorization Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

This referral is **not** a medical necessity determination. For PreCertification in accordance with the plan requirements, please contact IMS Managed Care at @ Toll Free 1-800-687-3020 Fax: 1 (806) 373-1458 REVISED 3/9/18