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| <b>Medicare and Oregon Health Plan</b><br>Phone: (503) 574-8000<br>(800) 603-2340<br>Fax: (503) 574-8606<br>(800) 989-7476 | <b>Providence Choice and Connect</b><br>Phone: (503) 574-7500<br>(800) 878-4445<br>Fax: (503)-574-8606<br>(800) 989-7476 |  |
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### In-Plan Referral Request Form

|   |   |   |
|---|---|---|
| Date of Request: _____  | <input type="checkbox"/> Choice         | <input type="checkbox"/> Connect        |
|   | <input type="checkbox"/> Medicare Plans | <input checked="" type="checkbox"/> OHP |
| <i>Providence Health Plan (Please check appropriate plan)</i> |   |   |

|                                     |                           |          |
|-------------------------------------|---------------------------|----------|
| Primary Care Provider/Medical Home: |                           |          |
| Patient name:                       | Patient ID Number:        | DOB:     |
| Payor (PPO only):                   | Employer Name (PPO only): | Group #: |

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|---|--|
| <input type="checkbox"/> New Referral<br><input type="checkbox"/> Update an existing referral<br>If so, please indicate PHP referral #: _____ | Referral Date Span<br>Start Date: _____<br>End Date: _____ |
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| <b>Requested Services</b><br><input type="checkbox"/> Office Visits #: _____ (New or Established)<br><input type="checkbox"/> Diagnostics<br><input type="checkbox"/> Surgery (Including all scope procedures)<br><input type="checkbox"/> *Chiropractic Care #: _____<br><input type="checkbox"/> *Nutritional Counseling #: _____ (Benefit limits may apply)<br>* Referral not required for Choice and Connect plans<br><br>-----OREGON HEALTH PLAN (OHP) ONLY-----<br><input type="checkbox"/> Naturopathic Care #: _____<br><input checked="" type="checkbox"/> Acupuncture #: _____<br>NOTE: Visit limitations may apply for OHP—Contact Customer Service for benefit information |
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|---|----------------------------------|--|
| Referred to Provider:<br><b>LIN KONG, L.Ac.</b> | Specialty:<br><b>ACUPUNCTURE</b> | Specialty Address:<br>7636 SE FOSTER RD, PORTLAND OR 97206 |
| Contact person (PCP office):                    | Contact person's Phone:          | Contact person's Fax:                                      |