UnitedHealthcare Community Plan of New Jersey specialist referral form

Instructions: Primary care physicians should use this form to refer a NJ FamilyCare member to a specialist. Patient must be a covered member at the time of service.

Requirements:

- Referrals must be generated for in-network specialists only
- Please use this form to submit referrals for NJ FamilyCare/Medicaid members
- Retroactive referrals are not accepted

Send the completed form by fax or mail

- **Fax:** 844-881-1937
- **Mail:** UnitedHealthcare Community Plan
  P.O. Box 31365, Salt Lake City, UT 84131-1362

Member information			
Last name:	MI:	First name:	
Member ID number:		Phone number:	
Date of birth (MM/DD/YYYY):	Address:		
City:		State:	ZIP code:

Referring primary care physician (PCP)			
Last name:	MI:	First name:	
Tax ID number:		National Provider Identifier (NPI) number:	
Address:			
City:		State:	ZIP code:
Phone:		Fax:	

Specialist/rendering physician			
Last name:	MI:	First name:	
Specialist tax ID number:		Specialist NPI number:	

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Specialist/rendering physician (cont.)

Address:

City:	State:	ZIP code:
Phone:	Fax:	

Referral information

Service requested:

Reason for referral:

Diagnosis with code (ICD-10). List at least 1, not more than 2:

(Note: Maximum duration of 6 months) ☐ Routine referral – 1 to 6 visits ☐ Standing referral – 1 to 99 visits – Requires qualifying diagnosis Number of visits: If blank, 1 visit is assumed	Routine services start date: Routine service end date: Standing referral start date:

Name and title of individual completing this form (only required if assigned PCP is NOT completing this form)

Signature of person completing form:

Name of referring PCP:	Today's date:
Signature of referring PCP:	Today's date:

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