

NEW KAISER PERMANENTE REFERRAL FORM

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Referral Summary

Member Name:
HENRY A. MEMBER
123 ANY STREET
ANYTOWN, USA 1234

December 10, 2004

Member ID: 01234567
Phone Numbers: There are no phone numbers on file.
Gender: MALE
Date of Birth: 3/9/1956

Referral ID: 130012345 Referral Date: 12/10/2004
Referral Status: Authorized Decision Date: 12/10/2004
Expiration Date: 03/10/2005

Referred By: DOCTOR, K.P.
Referral To: DOCTOR, A. HEART
Specialty: CARDIOLOGY Type: Outpatient Service

Referred To:
DOCTOR, A. HEART
1234 DOCTORS LANE
ANYTOWN, USA
301-555-5555

Diagnoses: CHEST PAIN [786.50A]

Procedures:
REFERRAL TO CARDIOLOGY SERVICE [200267]

Visits:
Requested: 1
Authorized: 1

Notes:
Referral for Hypertension
(These guidelines are intended for the adult patient Population.)

Henry A. Member is a 56 male with a history of hypertension for 4 months
These guidelines are intended for the adult patient population.

Current outpatient prescriptions:

BIAXIN 500 MG ORAL TAB TAKE ONE TABLET TWICE DAILY
ALBUTEROL 90 MCG/ACTUATION INHL AERO TAKE ONE TABLET TWICE DAILY

Only the services listed in this referral are authorized and such authorization is subject to Kaiser Permanente's right to review it retrospectively. Any additional services not listed in this referral must be authorized separately. Please note that subject to applicable law, payment for authorized services will be subject to Member's eligibility and benefits coverage on the date that the Covered Service is rendered and subject to all of the terms and conditions of the Member's Evidence of Coverage or other document describing the member's coverage. To ensure payment for Covered Services authorized prior to the date on which they are rendered, eligibility and benefits should be reverified on the date such Covered Services will be rendered.