

## **Referral Form (Physician)**

### **GENERAL INFORMATION ABOUT A REFERRAL**

Some Zing Health covered medical care do not require an approved authorization for services but simply need a referral from the treating physician to a network provider to be covered and reimbursed under the member's Zing Health benefit coverage.

Your office likely has a referral form that you use for your office and you may continue to do so with Zing members. If your office does not currently have a referral form, you may use the template attached to communicate the need for the referral to the servicing provider.

You are not required to use the Referral Form template attached however, we find it helpful in collecting all the information that a servicing provider may need to understand the consultation and/or treatment that you are requesting for the member.



## REFERRAL FORM

Referring Physician Address

Provider Name or Practice Name

Phone

Fax No.

Address

Number of Visits

Referral Begin Date

Referral End Date

Diagnosis Code 1

Diagnosis Code 1

Diagnosis Code 1

Comments

Signature

Date