

GOLDEN SHORE MEDICAL GROUP

Los Angeles - 2018 Direct Referral Form

The purpose of this Direct Referral Form is to provide direct access by our patients to selected services without the need to request prior authorization

(1) PCP: Sign and give patient a copy of direct referral.

(2) It is not necessary to wait for a prior authorization for direct referral services.

(3) Fax this form immediately to NMM to the appropriate fax number for processing. **626-943-6320**

(4) Services will be covered only if provided by a Golden Shore Medical Group contracted provider.

CONTRACTED PROVIDER/FACILITY: (This Direct Referral Form is only valid for services listed on this form.)

PLEASE VERIFY MEMBER ELIGIBILITY ON DATE OF SERVICE

PATIENT	Patient Name	DOB	Member ID
	Health Plan	*ICD-10 Code (REQUIRED)	
	Diagnosis (REQUIRED)		

PROVIDER	Provider/Specialist	Phone Number
	Address	Appointment Date & Time
	*PCP/SPC Signature (REQUIRED)	PCP/SPC Name (Required) (Please Print)

GOLDEN SHORE CLINIC – 445 E ANAHEIM ST # H, WILMINGTON BEHAVIORAL HEALTH

Initial Assessment (90791)
ICD-10 _____

OB/GYNECOLOGY

Well Woman Exam
 Total OB Care (59400)
ICD-10 _____

FAMILY PLANNING

Elective Abortion
(59840) 0-12 wks
LMP _____ (required)
ICD-10 _____

NEUBILIZER

Neubilizer (E0570)
For Asthma Treatment
One every five (5) years only
Last Received Neubilizer
_____/_____/_____
ICD-10 _____

HEALTH EDUCATION

DM Group (G0109) (30 min)
 DM Individual (G0108) (30 Min)
 Diet Group (97804) (30 Min)
 Diet Individual (97803) (30 Min)
ICD-10 _____

GOLDEN SHORE CLINIC - 1900 ATLANTIC AVE. LONG BEACH BEHAVIORAL HEALTH

Initial Assessment (90791)
ICD-10 _____

*GASTROENTEROLOGY

***Consultation for to GI for Colonoscopy
screening; Patients 50 yrs of age and over
only:**

Consultation (Medi-Cal, 99243)
 Consultation (Comm., Medicare, 99243)
ICD-10 _____

*PODIATRY

***Only for Diabetic Patients;**
DX: E10.xx or E11.xx

Office Visit (99203)
 Debride Nail 1-5 (11720)
 Debride Nail >6 (11721)
ICD-10 _____

*OPHTHALMOLOGY

Only for Diabetic Patients;
DX: E10.xx or E11.xx
 Eye Exam New Pt (92004)
 Eye Exam Established Pt (92012)
ICD-10 _____

GOLDEN SHORE CLINIC - 540 E. ARTESIA BLVD. LONG BEACH BEHAVIORAL HEALTH

Initial Assessment (90791)
ICD-10 _____

*ORTHOPEDICS –FRACTURE CARE ONLY

Consultation (Medi-Cal-99243)
 Consultation (Commercial, Medicare-99203)
 Follow up visit (99213)
 Casting & Supplies (Q4006, Q4008, Q4010,
Q4030, Q4038)
 X-Ray(s) Plan Film

ICD-10 _____

***For children, please refer patients to CCS
paneled Orthopedic providers only***
RADIOLOGY

X-Rays
 OB Ultrasound (76801, 76802)
 Mammography (77067, 77066, 77065)

ICD-10 _____

***Direct Referral services are only valid for patients with the indicated criteria.**

ALL SERVICES MUST BE PERFORMED BY IN-NETWORK SPECIALISTS/PROVIDERS

Golden Shore Medical Group is not responsible for services referred to non-contracted/out of network providers. It is the responsibility of the PCP and treating provider to ensure services are rendered by in-network (contracted) providers only.

Direct Referral services are limited to the services indicated on this Direct Referral Form. For the direct referral categories with specific criteria such as condition or age, Golden Shore Medical Group will not be responsible for claims payment if services rendered are outside of the criteria specified.

All other Ancillary or Specialty care not indicated, require prior authorization.

Treating Provider: This Direct Referral is only valid if it is signed and dated by the patient's Primary Care Physician. Also, check the member eligibility at the time of services. Golden Shore is not responsible for services if the member is ineligible.

PCP: Please give this Direct Referral Form to your patient prior to scheduling an appointment. The form must be signed and dated by you, otherwise this form is not valid.

Member: Please call to schedule your appointment and hand carry this form during your appointment.