

☐ Prior Authorization Fax Request Form ~OR~

☐ Referral Form (L.A. Care Direct Network Only)



If you are a PCP or Specialist requesting a referral to an In-Network Provider, mark the box above for Referral Form there is **NO PRIOR AUTH REQUIRED** for this referral.
Fax a copy of this Referral and your Clinical notes to the In-Network Servicing Provider to notify them of your Referral and direct your patient to call for an appointment.
Fax a copy of this Referral form to L.A. Care at 213-335-5019

☐ Referral Form for Standing Referrals (L.A. Care Direct Network Only)

Standing referrals may be needed for members with a condition that requires specialized care over an extended amount of time. If you are a PCP or Specialist requesting a standing referral to an In-Network Provider, mark the box above for Referral Form for Standing Referrals. **NO PRIOR AUTH REQUIRED** for these services.
FAX this referral along with clinical notes to the In-Network Servicing Provider AND to L.A. Care at 213-335-5019

Outpatient and Elective Services Routine / Post Service Fax: 213.438.5777 / Urgent Fax: 213.438.6100		Behavioral Health Fax: 213-438-5054
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Chiropractic <input type="checkbox"/> Clinical Trials <input type="checkbox"/> DME/Supplies <input type="checkbox"/> Home Health	<input type="checkbox"/> Hospice <input type="checkbox"/> IP Surgery <input type="checkbox"/> Laboratory / Pathology <input type="checkbox"/> OP Surgery <input type="checkbox"/> Palliative Care	<input type="checkbox"/> BH Therapy / ASD CBAS Fax: 213-438-5739 <input type="checkbox"/> Community Based Adult Services
<input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> Prosthetics <input type="checkbox"/> PT / OT / ST <input type="checkbox"/> Radiology	<input type="checkbox"/> Specialty Referral <input type="checkbox"/> Transgender Services <input type="checkbox"/> Transplant Eval to Surgery	
LTC / SNF / ICF Fax: 213-438-4877		Transportation Fax: 213-438-2201
PASRR results required for: <input type="checkbox"/> Long Term Care <input type="checkbox"/> Subacute Care – Adults <input type="checkbox"/> Subacute Care – Pediatrics PASRR results not required for: <input type="checkbox"/> ICF/DD <input type="checkbox"/> ICF/DD-H <input type="checkbox"/> ICF/DD-N		<input type="checkbox"/> Non- Emergency Medical Transport

Not sure whether service requires prior authorization? Use our code look-up tool <https://www.lacare.org/providers/provider-resources/prior-authorization-search>
Any questions? Call the L.A. Care UM Call Center at 877.431.2273 **Complete *BOLDED required fields below to avoid delays in processing**

Member Information	
*Member ID:	*Date of Birth: / /
*Member Name:	
Requesting Provider Information	
To find an in-network Provider please visit http://www.lacare.org/find-doctor-or-hospital	
*Request Date: / /	*Request Type: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Post Service
*Requesting Provider:	*NPI:
*Phone Number:	*Fax Number:
*Address:	*City: *Zip:
*Starting Service Date: / /	*Ending Service Date: / /
Servicing Provider Information	
*Servicing Provider:	*NPI:
*Phone Number:	*Fax Number: *Specialty:
*Address:	*City: *Zip:
*Place of Service: <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other:	
Facility Provider Information (if applicable)	
*Servicing Facility:	*NPI:
*Phone Number:	*Fax Number:
*Address:	*City: *Zip:
*List ICD-10 Codes:	
*CPT / HCPCS Codes for requested service(s) including Quantity: Describe clinical Indications & include pertinent past medical treatment, physical findings and attach all relevant medical records.	
Is the service being requested Out of Network? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide reason for Out of Network facility/provider:	
Print Requesting Provider Name:	Provider Signature: Date:

AUTHORIZATION IS CONTINGENT UPON MEMBER'S ELIGIBILITY ON DATE OF SERVICE – DO NOT SCHEDULE NON-EMERGENT SERVICES UNTIL AUTHORIZATION IS OBTAINED