Return this Form to Soonercare

☐ Retrospective Administrative Referral
Attn: Provider Services Phone: (800) 522-0114 option 1 or (405) 522-6205 option 1
Fax: (405) 530-3228 | Number of Pages: _____

☐ Prospective Administrative Referral
Attn: Care Management Phone: (877) 252-6002 | Fax: (405) 530-3217 | Number of Pages: _____

SOONERCARE REFERRAL REQUEST

Please complete the information below to document your attempts to obtain a referral from the PCP/CM. Fax this completed form to Soonercare. One form per provider, please. Your referral request will be considered, and you will receive written notice of approval or denial. Include any necessary medical records. All payments for services are subject to coverage limitations under the current Oklahoma Medicaid program.

RENDERING PROVIDER’S NAME:

Rendering Provider #: Contact Person:

Address: Telephone and Extension:

Fax:

Recipient Name: Phone: ( ) Recipient ID #:

Type of service:
☐ Office Visit
☐ Surgery
☐ Durable Medical Equipment
☐ Other: ____________________________

Diagnosis codes:
1. ____________________________
2. ____________________________
3. ____________________________

Date(s) of service:
1. ____________________________
2. ____________________________
3. ____________________________

PCP/CM CONTACT INFORMATION:

PCP/CM Name: Telephone: ( )

CONTACTS:

Name: Date: Result of Contact:

Name: Date: Result of Contact: