



OKLAHOMA
Health Care Authority

SOONERCARE REFERRAL REQUEST
SC-14 FORM

RETURN THIS FORM TO SOONERCARE		Date:	
Retrospective Administrative Referral Attn: Provider Services Phone: (800) 522-0114 option 1 or (405) 522-6205 option Email: ProviderServicesAdmins@okhca.org		Number of Pages:	
Prospective Administrative Referral Attn: Care Management Phone: (877) 252-6002 Fax: (405) 213-1145		Number of Pages:	

Please complete the information below to document your attempts to obtain a referral from the PCP/CM. **Email/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's Number:			
Contact Person:			
Telephone and Extension:		Fax:	
Address:			
Recipient Name:			
Recipient Number:		Recipient ID#:	

Type of Service:	Diagnosis Codes:	Date(s) of Service:
Office Visit	1.	1.
Surgery		
Durable Medical Equipment	2.	2.
Other:	3.	3.

<u>PCP/CM CONTACT INFORMATION:</u>	
PCP/CM Name:	Telephone:

<u>CONTACTS:</u>	
Name:	Date:
Result of Contact:	
Name:	Date:
Result of Contact:	

OHCA Revised 6/7/2023



ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES
oklahoma.gov/OHCA
mysoonercare.org



PHONE
Admin: 405-522-7300
Helpline: 800-987-7767