



SoonerCare/Insure Oklahoma Referral Form
(Please type or print)

Member Name (Last name) (First Name) (Middle Initial)

Member ID Member Phone

REFERRED TO:

Provider Name (must be current SoonerCare provider)
Phone Fax
Provider Address
Referral Valid from date to date
(Begin date not to exceed 6 months retrospectively; end date cannot exceed 12 months total)

Reason for Referral

REFERRED BY:

Medical Home Provider Name Phone
Name of Referring Provider Date
Signature of Referring Provider
Referring Provider ID Number NPI#
(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
Report your findings directly to the provider who made this referral.
This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

- Complete and mail/fax the original copy of the form to the provider to whom you are referring.
Keep a duplicate copy for your records in the member's medical chart.
Referral form (SC-10) may be obtained on the OHCA website at http://www.okhca.org/providers.aspx?id=120.

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.