

In-Network Specialist or Out-of-Region Referral Form



6450 South US HWY 1

Health First
Health Plans, Inc.
Rockledge, FL 32955

This form is NOT to be used to request any Out-Of-Network referral

Date _____ Contact Person _____ Phone _____

Return Fax #: _____

Patient

Patient Name _____ ID# _____

Primary Care Physician _____

Specialists Physician _____ Referral Expiration Date _____

Diagnosis & Code _____

Ongoing New Diagnosis

Specialist Referral Request

Patient History & Reason for Referral (required)

Authorized Signature

Signature here: _____

Fax to Specialist before appointment is scheduled. Retain copy for your records.

This referral form is to be used only for referrals to any in-network specialists regardless of region. Primary Care Physicians may only refer patients to specialists after a complete exam.