

PEBTF outpatient referral form

Fax completed form to **570-214-1384**. Form must be sent within five (5) days from the referral issue date. All required fields must be completed. Only referrals to participating providers are valid. Only use this for Geisinger Health Plan PEBTF Custom HMO members.

Referral issue date

Do not backdate

Date:

Member information

Member name:

DOB:

GHP ID #:

Referral information

Use this form to refer to participating providers only.

Only referrals to providers in the Geisinger Health Plan PEBTF Custom HMO network will be accepted.

Referred-to specialty:

Specialist name:

Specialty practice name:

Opinion and recommendation only (1 visit). Expires 12 months from referral issue date above.
(no diagnostic or treatment services are authorized.)

Evaluate and treat. Specify visits.

Number of visits:

Requested end date:

*If blank, referral will
default to 12 months*

Evaluate and treat. Unlimited visits. Expires 12 months from referral issue date above.

Desired services from specialist:

Primary Care Physician (PCP) information

PCP name:

PCP phone:

PCP address:

PCP NPI #:

PCP signature:

Specialty Care Provider (SCP) instructions

Contact referring PCP:

- When additional visits/services beyond those authorized are recommended
- When a referral to another specialist is recommended
- To provide a return report or evaluation, treatment or diagnostic study results.

Questions?
Call us at:
844-863-6850

Important information about PEBTF member referrals

- An outpatient referral form is not a guarantee of payment.
- The outpatient referral form must be issued by a member's PCP.
- Retroactive referrals are not valid.
- A PCP may be held financially liable for services when a PCP authorizes a referral to a non-participating provider and prior Geisinger Health Plan authorization has not been obtained.
- Certain procedures require prior Geisinger Health Plan medical director authorization in addition to an outpatient referral form. Please reference the [prior authorization list](https://www.geisinger.org/health-plan) on www.geisinger.org/health-plan for a complete list.
- Do not use this form when requesting the following services*:
 - Any service that requires Geisinger Health Plan prior authorization
 - Authorized referrals to non-participating providers
 - Direct access services as defined in provider guide
 - Durable medical equipment (DME)
 - Home health, hospice and home infusion services
 - Orthotic and prosthetic services
 - Outpatient diagnostic testing
 - Outpatient rehabilitative therapy (PT/OT/ST)
 - Skilled nursing facility placement
- *The above list is representative and not intended to be all inclusive. For instructions on how to refer for these services, please reference the provider guide and/or operation bulletins.*

PEBTF Custom HMO member information

- An outpatient referral form is not a guarantee of payment or coverage. Please refer to your Summary Plan Description (SPD) for benefit limits and exclusions.
- If you require care beyond the visits or expiration date indicated on this form, you must contact your Primary Care Physician (PCP).
- The fact that your PCP or any other participating provider may prescribe, order, recommend or approve a medical service or supply does not automatically guarantee coverage by the plan.

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