Mercy San Juan Medical Center
A Dignity Health Member

APRIL 2020

DIABETES AND PREGNANCY PROGRAM REFERRAL FORM

Mercy San Juan Professional Building
6401 Coyle Avenue, Suite 418
Carmichael, CA 95608
Phone: (916) 962-8873 Fax: (916) 962-8858

Methodist Hospital
7601 Hospital Drive, 1ST Floor
Sacramento, CA 95823

We must have the following documentation before your patient can be scheduled:

- **Completed April 2020 Referral Form**
- **Prenatal history forms (Hollister Forms)**
- **All *glucose* test results**
- **Copy (front & back) of current insurance card**
- **Approved authorization form showing: authorization number, Diabetes and Pregnancy Program at Mercy San Juan Medical Center as service provider, authorization start & end dates, authorized codes & number of visits**

DELIVERY HOSPITAL: ☐ Mercy San Juan MC ☐ Mercy General Hosp ☐ Methodist Hosp ☐ Mercy Hosp Folsom
Patient's Name: ____________________
Patient's Address: ____________________
City: ____________________ **Zip:** ____________
Home Telephone #: ( )__________ **Cell #:** ( )__________ **Work #:** ( )__________
Language Spoken: ____________ **Interpreter Needed:** **Yes**___ **No**___
Patients SS#: ____________ **DOB:** ____________ **EDC:** ____________

Primary Insurance: ____________________ **M-Cal** ___ **HMO** ___ **PPO** ___
Policy / Certificate / M-Cal #: ____________ **Group #:** ____________
Insurance Telephone #: ( )____________ **Medical Group :** ____________
Subscriber's Name: ____________ **Authorization #:** ____________

Medi-Cal Billing Information:
Are you a CPSP Provider: Yes ____ No ____ **Does the patient have Medi-Cal (Str or GMC): Yes ____ No ____**

If "Yes" to both questions above, write in number of time units for each CPSP "Z" Code you have billed until now:

Z6500 x ___ Z6400 x ___ Z6402 x ___ Z6404 x ___ Z6406 x ___ Z6408 x ___ Z6200 x ___

Z6202 x ___ Z6204 x ___ Z6300 x ___ Z6302 x ___ Z6304 x ___ Z6410 x ___ Z6412 x ___

Once patient is referred to the Diabetes and Pregnancy Program, the referring provider agrees NOT to bill any more of the above CPSP codes without contacting the Diabetes and Pregnancy Staff to coordinate the patient's services and avoid duplicate billing.

Primary Diagnosis (MUST BE INDICATED): ☐ GDM ☐ Type 2 ☐ Type 1 ☐ Preconception

Type of Appointment (MUST BE INDICATED):
☐ Diabetes and Pregnancy Program/California MFM to manage diabetes ***for*** referring provider
☐ Referring provider to manage diabetes ***(One Diabetes and Pregnancy appointment for initial instruction only)***

Referring Physician Name: ____________________
Physician Address: ____________________
Contact Person Name: ____________________
Telephone #: ( ) ____________ **Ext:** ________ **Fax #:** ( ) ____________
Email: ____________________

MD Signature: ____________________ **Date:** ____________
(Required)