

**THIS PATIENT BELONGS TO:
RMSCO, Inc. Managed Care**

***Includes: Former Advantage Health Plan (Univera), Lockheed Martin, McLane Northeast,
Penny Curtiss Bakery, Penn Traffic, Southern Tier Health Plan (Corning)****

**other RMSCO plans :refer to plan specific requirements or call number below*

Contact: Provider Relations at (877) 300-9969

Patient Name: _____ # Visit _____ out of _____
Effective Date of Referral: _____ Expiration Date: _____ Auth # _____
Referral Approved For: _____

Referrals:

PCP to Specialist: For participating providers, **call (888) 257-0017**

Specialist for diagnostic testing/treatment: Diagnostic testing is always included within the referral
except MRI/MRA/CT and PET Scan: see below

Specialist to Specialist: All services must be referred through the PCP

Self Referrals: Routine OB/GYN, Routine eye-1/yr *Patient may self refer or receive services out of
plan but benefits will be paid at a reduced rate if patient has a POS plan, or patient must assume
financial responsibility*

Emergency Services: Patient should notify Plan or PCP within 48 hours of services

LABS: University Hospital, UPL, area hospitals, Roche, Smith Kline, Quest, LACNY, NTD,
Centrex....

RADIOLOGY: University Hospital, area hospitals, Prospect Hill, Medical Imaging Center

RADIOLOGY Referrals for: MRI/MRA, CT,PET Scans call **(888) 257-0017**

PHARMACY: Eckerds, Rx-Place, Wegmans, CVS, WalMart, Rite Aid, P&C....

HOME CARE: PCP Calls **(888) 257-0017**

MENTAL HEALTH: Outpatient: patient may self refer for first 8 visits, after eighth visit,
provider should **fax treatment plan to (585) 399-6640**

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PRIOR APPROVALS: Contact Utilization Management: (888) 257-0017

**Abdominoplasty * BCRA Testing * Blepharoplasty * Bone Density/Dexas * Breast
Implant/Insertion or Removal * Breast Reduction for Gynomastia * Cardiac Rehab *
Chronic Vagus Nerve Stimulation * Chorionic Villi Sampling * Cochlear Implants * CT
Scans * D&C * Dental Treatment due to Injury * Dermabrasion * DME * EECF * Gastric
Bypass * HOSPITAL ADMISSIONS * Home Infusion * Home Care * Hysterectomy *
IVIG * Keloid Scar Revision * Laminectomy * Laparoscopic Cholecystectomy * Lesion
removal * LVAD * Myringotomy * MRI/MRA * Neuropsychological testing * NON-PAR
PROVIDER * Otoplasty * Palatopharyngoplasty * Pet Scan * Rhinoplasty * Schlerosing
Injection * Septoplasty * Sleep Studies * PT/OT/Speech * Tonsillectomy * Transplants *
Uterine Artery Embolization * Viscosupplementation * Vein Ligation***