

**THIS PATIENT BELONGS TO:
Total Care**

Contact: Maria Stala (315) 476-7921, x 299

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

Referrals:
PCP to Specialist: *Fill out Total Care referral form (for questions call QA/UR (315) 476-7921, ext. 323 or 517).*
Specialist for diagnostic testing/treatment: Call Total Care (315) 476-7921, ext 323 or 517).
If referral specifies testing, it is allowable. Orthopedics always allows on x-ray. Others - call.
Specialist to Specialist: Specialists must call PCP to arrange.
Self Referrals: GYN/Family Planning; OB – in network only; **PERINATAL CENTER requires referral**; One Psych visit/year; One chemical dependency/year.
Emergency Services: Notification not required, but PCP referral will guarantee payment.

LABS: University Hospital, Syracuse Community Health Center Lab, PHP Center Labs (if PHP is PCP), Oswego Hospital, most Medicaid participating labs.

RADIOLOGY: University Hospital, Syracuse Community Health Center Radiology, Oswego Hospital, Medical Imaging Center, Community General.

RADIOLOGY REFERRALS for: CT, MRI/MRA only.

PHARMACY: *Medicaid participating pharmacies, not a Total Care benefit.*

HOME CARE/HOSPICE: Call Total Care (315) 476-7921, ext. 323 or 517.

MENTAL HEALTH*: Inpatient – Call Total Care (315) 476-7921, ext. 323 or 517;
Outpatient – Fill out referral form.

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PRIOR APPROVALS: Include but are not limited to – Call (315) 476-7921, ext. 323 or 517.
All services must be arranged by PCP.
+ Indicates PCP must refer, no call necessary.

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| • Hospital Admissions, Ambulatory Surgery | Nutritional Counseling |
| • MRI/CT Scans | Inpatient Mental Health |
| • Sleep Studies + | PT/OT/Speech |