



Illinois Health Connect Provider Referral Fax Form

In **Phase 1** of the Illinois Health Connect Referral System, a referral is only required when the client's PCP is authorizing another Illinois Health Connect PCP, not affiliated with the PCP, to provide care.

Referrals may be post dated up to 60 days from the date of service.

PLEASE PRINT. Referring Providers will receive return fax notification from Illinois Health Connect with tracking information for referrals received. If the referral fax form cannot be processed, Referring Providers will receive return fax notification with reasons why Illinois Health Connect cannot enter the form.

REFERRING PROVIDER INFORMATION (Required)

The referring provider is the PCP who is writing the referral for a client

Provider First Name: _____ Provider Last Name: _____

Provider HFS #: _____ Location Name/IHC Site #: _____

Address: _____ City: _____ State: _____

Name of Person Completing Referral Fax Form: _____

Contact Phone: _____ Return Fax #: _____

Authorizing Signature: _____ Date: _____

CLIENT INFORMATION (Required)

First Name: _____ Last Name: _____

HFS Recipient ID #: _____ Date of Birth: ____/____/____

RENDERING PROVIDER INFORMATION (Required)

The rendering provider is the provider to whom a client is being referred

Provider First Name: _____ Provider Last Name: _____

Provider HFS #: _____ Location Name: _____

Address: _____ City: _____ State: _____

Contact Phone #: _____

REFERRAL TIME SPAN (Required)

The Referring Provider shall identify the data range* of the referral for services.

Begin Date: _____ End Date: _____

*Providers should limit the date range or length of a referral based on the condition for which the patient is being referred and the scheduled date of the referral appointment. While providers may set the referral range for any timeframe up to one year from the date it is registered, a good rule of thumb is to keep the date within six months for acute conditions and up to a year for chronic conditions, when more than one appointment may be needed. PCPs may post date referrals up to sixty days from the date of service.

REASON FOR REFERRAL/DIAGNOSIS (Optional)

This optional section may be used by the referring provider to provide any additional information concerning patient care such as the diagnosis, current medications, or past medical history. Highly confidential patient health history should be communicated to the rendering provider via personal communication.

Fax the Completed Form to the Illinois Health Connect Care Coordination Unit

Fax #: (412) 318-2740

Referring Providers can also submit referrals electronically via the Illinois Health Connect Provider Portal. Or, if you wish to enter your referral via phone, have received this form in error or need your questions answered, call the Illinois Health Connect Care Coordination Unit at 1-877-912-1999 Monday-Friday, 8am-7pm.

CONFIDENTIAL: The information contained in this document is confidential and private and should not be used for any purpose other than its stated intent. Any use or disclosure of the information contained in this document for any reason other than its stated intent, by any person or entity, is a violation of Federal stature. If this document is received in error, it should be immediately destroyed and a notice sent by return fax to the above number indicating the erroneous transmission.