



# CPSS Referral Form

**To:** California Pacific Specialty Services (CPSS)  
Phone: (888) 637-2762, Fax: (415) 600-2955

**From:** Referring Physician: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_

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### Patient Information

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Insured's Name: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_  
Reason for Referral/Hx & PE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialty and/or Physician Requested: \_\_\_\_\_

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### Insurance Information - please attach copy of insurance card

Health Plan: \_\_\_\_\_ Product Type: \_\_\_\_\_  
Medical Group: \_\_\_\_\_ Auth. #: \_\_\_\_\_  
# visits: \_\_\_\_\_ Effective dates: \_\_\_\_\_ to \_\_\_\_\_ ID #: \_\_\_\_\_  
Services Authorized: \_\_\_\_\_  
(for consultation please use CPT code 99245 and for follow-up please use CPT code 99214)

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### Checklist:

- \_\_\_\_ patient information sheet (demographics)
- \_\_\_\_ copy of insurance card(s)
- \_\_\_\_ pertinent medical records