# Alabama Medicaid Referral Form

## PHI-CONFIDENTIAL

Today's Date _____

Date Referral Begins _____
(if different from above)

### Important NPI Information
### See Instructions

**Medicaid Recipient Information**

| Recipient Name | Medicaid # | Date of Birth |
|---|---|---|
| Address | Telephone # with Area Code (___) _____<br>Name of Parent/Guardian _____ | |

**Screening Provider**

| Name Kendria Ward, MD | NPI # 1932362951 | Medicaid Provider ID # 362827 |
|---|---|---|
| Address 460 Alabama Hwy 75 N<br>Albertville, AL 35951 | Email<br>Telephone # with Area Code (256) 891-0300<br>Fax # with Area Code (256) 891-7461 | |
| Signature Kendria Ward, MD | ✔ Electronic Signature | |

**Type of Referral**

| | |
|---|---|
| ☐ Case Management / Care Coordination | ☐ Lock-In |
| ☐ EPSDT Screening Date _____<br>*Select one of the following types of EPSDT Screenings:*<br>☐ Periodic<br>☐ Interperiodic | ☐ Other (Please Describe) _____ |

**Length of Referral**

Referral valid for _____ month(s) or _____ visit(s) from date referral begins.

**Referral Valid For**

| | |
|---|---|
| ☐ Evaluation Only | ☐ Treatment Only |
| ☐ Evaluation and Treatment | ☐ Hospital Care (Outpatient) |
| ☐ Referral by consultant to other provider for identified condition (cascading referral) | ☐ Performance of Interperiodic Screening (if necessary) |
| ☐ Referral by consultant to another provider for additional conditions diagnosed by consultant (cascading referral for EPSDT only) | ☐ For Billing Purposes Only<br>☐ Other (please describe) _____ |

| Reason for referral: | Other conditions/diagnoses identified: |
|---|---|
| | |

**Consultant Information (Consultant can be an individual provider or a provider group to whom a recipient is referred)**

| Consultant Name | |
|---|---|
| Address | Telephone # with Area Code (___) _____ |

**Note: Please submit written report of findings including the date of examination/service, diagnosis, and consultant signature to the screening provider.**

**Findings should be submitted by**

☐ Mail ☐ E -mail ☐ Fax (256) 891-7461 ☐ In addition, please telephone