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	Recipient #	Recipient DOB
Address	Telephone # with Area Code _____ Name of Parent/Guardian _____	

Primary Care Provider /Alabama Coordinated Health Care Network Information

Name Indu Prasadh, MD	Name Heather Mostella, CRNP
Address 460 AL Hwy 75 N, Albertville, AL 35951	Address 460 AL Hwy 75 N, Albertville, AL 35951
Telephone # with Area Code (256) 891-0300 Fax # with Area Code (256) 891-7461 Email N/A NPI # 1194164764 Medicaid Provider # 244557 // 243633 (RHC) Signature Indu Prasadh, MD	Telephone # with Area Code (256) 891-0300 Fax # with Area Code (256) 891-7461 Email N/A NPI # 1487753315 Medicaid Provider # 197101 Signature Heather Mostella, CRNP

Type of Referral

☐ PCP/ACHN ☐ EPSDT Screening Date _____ *Select one of the following types of EPSDT Screenings:* ☐ Periodic ☐ Interperiodic ☐ Case Management / Care Coordination	☐ Lock-in ☐ 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 ☐ Other (please describe) _____

Reason for referral by PCP/ACHN	Other conditions/diagnoses identified by PCP

Consultant Information (Consultant can be an individual provider or a provider group)

Consultant Name	
Address	Consultant Telephone # with Area Code

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

Findings should be submitted to Primary Care Physician (PCP) by

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