

X-RAY DIRECT REFERRAL FORM

NOBLE AMA SELECT IPA MEDICAL GROUP, INC.
 Fax: (760) 631-1619 Phone: (877) 207-7600

Mail Claims To:
 P. O. Box 4590, Oceanside, CA 92052

PATIENT NAME (FIRST, MI, LAST)		DOB	SOCIAL SECURITY #
HEALTH PLAN	MEMBER ID #	ELIGIBILITY VERIFIED BY	DATE
REASON FOR REFERRAL			
DIAGNOSIS		ICD-9	
REFERRING PROVIDER SIGNATURE (MANDATORY - WILL NOT BE PROCESSED WITHOUT SIGNATURE)			

NOTICE TO REFERRING PROVIDER: Reference ONLY to CONTRACTED FACILITIES below. Please sign this form and give to patient.

NOTICE TO PATIENT: Your primary care physician has approved your visit to the specialist listed below. Please call the phone number listed for the physician to make an appointment. PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO RADIOLOGISTS: No Pre-Authorization required. MUST SEND CLAIMS WITH COPY OF THIS FORM.

PLAIN X-RAY FILMS (EXCLUDING MRI, CAT SCAN & ULTRASOUND)	CONTRACTED IMAGING CENTERS
<input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Forearm <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Plain Abdominal <input type="checkbox"/> Plain Sinus-3 views <input type="checkbox"/> UGI <input type="checkbox"/> Other Skeletal Films: _____	<input type="checkbox"/> MediZen Advanced Imaging (All Services) 17305 Brookhurst Street Fountain Valley, CA 92708 Tel: 714-968-8998 <input type="checkbox"/> Tam Ngo, MD (X-Ray, Ultrasound, Mammogram) 2509 W. First Street, Santa Ana, CA 92703 Tel: 714-550-0854 <input type="checkbox"/> Giao Le MD (exclude MRI) 15550 Brookhurst St., Suite A, Westminster, CA 92683 Tel: 714-839-4311 <input type="checkbox"/> Garden Grove Imaging Center 12665 Garden Grove Blvd., #103, Garden Grove, CA 92843 Tel: 714-638-7440
MAMMOGRAMS	
<input type="checkbox"/> 76092 Age 40-50 – Every 2 years – SCREENING, BILATERAL <input type="checkbox"/> 76091 Age >50 – Annual – DIAGNOSTIC, BILATERAL	

➤ Unilab to be utilized for all laboratory services. Call 800-339-4299 for pick-up, scheduling and locations.

This requisition does not guarantee payment or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions, and exclusions at the time services are rendered. Last updated 5/13/04