



PacificSource Community Solutions, Inc.
 PO Box 5729, Bend, OR 97708-5729
 800.431.4135 Central Oregon
 855.204.2965 Columbia Gorge
 CommunitySolutions.PacificSource.com

Referral Request Form

<ul style="list-style-type: none"> PacificSource Community Solutions responds to referral requests within 14 calendar days. Incomplete requests will delay the referral process. Reminder – a referral is NOT a pre-approval. Some services may require pre-approval. Contact Customer Service for further information. Retro-referrals are allowed for office visits resulting from urgent/emergent situations only. Provider or facility, please contact PacificSource Community Solutions within two business days of date of service(s) or initiation of the service(s). 		
Patient Information		
Patient Name: (First, M.I. Last)		
DOB:	Member ID:	
Requesting Provider Information		
Contact Person:	Date:	
Clinic Name:		
Referring PCP:	Specialty:	
Address:	City/State/Zip:	
Phone:	Fax:	
Referral Information		
Referral to (specialist's name required):	Specialty:	
Address:	City/State/Zip:	
Phone:	Fax:	
Does provider/vendor accept DMAP rates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis code(s):		
Description:		
Reason for referral:		
Number of visits requested:	Start date:	End date: