



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"> <li>PacificSource Community Solutions responds to referral requests within 14 calendar days.</li> <li>Incomplete requests will delay the referral process.</li> <li>Reminder – a referral is NOT a pre-approval. Some services may require pre-approval. Contact Customer Service for further information.</li> <li>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).</li> </ul>		
<b>Patient Information</b>		
Patient Name: (First, M.I. Last)		
DOB:	Member ID:	
<b>Requesting Provider Information</b>		
Contact Person:	Date:	
Clinic Name:		
Referring PCP:	Specialty:	
Address:	City/State/Zip:	
Phone:	Fax:	
<b>Referral Information</b>		
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: