

Provider toll-free: 844.522.5278  
TDD Relay: 800.955.8771  
Fax: 855.328.0059

Date\_\_\_\_\_

## Member Information

Name \_\_\_\_\_

ID \_\_\_\_\_

DOB \_\_\_\_\_

Referring Provider \_\_\_\_\_

Referring Provider Phone \_\_\_\_\_

Referring Provider Fax Number \_\_\_\_\_

## Referred Specialist Information

Referred Specialist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## Services to be Performed

Referral Reason \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

Appointment Narrative/Treatment Plan \_\_\_\_\_

PCP Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, please call AdventHealth Advantage Plans Customer Service Department toll-free at 1.844.522.5278, Monday through Friday, from 8 am to 5 pm.