

Pediatric Care Specialists

Patient Referral Instructions

Your child has been referred to a Doctor, or for certain testing outside of this office. **Once you have made your appointment, you must** call our office at (814) 536-8969 to get a referral in order to satisfy your insurance requirements.

If your child has Medical Assistance under Access Plus, Unison, Gateway, UPMC for You or UPMC for Kids or a private insurance such as Health America/Assurance, Tricare, Aetna or Penn Highlands, YOU ARE RESPONSIBLE FOR calling the office to get the referral. To assist with this process, we have a referral voice mail line. If you call, you will be expected to leave the following information. **INFORMATION NOT GIVEN WILL RESULT IN A DELAY OF A COMPLETED REFERRAL!!**

(This is not a complete list of HMO insurance companies).

Child's Name: _____
Date of Birth: _____
Referred to Doctor or Facility: _____
Address: _____
Date of Appointment: _____
Medical Reason for referral: _____
OUR physician who referred your child: _____
Your phone number: _____
Type of insurance: _____

After collecting the above information **you** may:

Call our office at (814) 266-8840, or return this form to the office.

*******IT TAKES 3 DAYS FOR THE OFFICE*****
TO COMPLETE A REFERRAL.
(UNLESS EMERGENCY!!!!!!)**

**REFERRAL MUST BE GIVEN IN ADVANCE OF THE APPOINTMENT OR
YOU MAY BE ASKED BY THE SPECIALISTS TO RESCHEDULE YOUR
APPOINTMENT.**