



Independent Practitioner Referral Form

MCO Name Trillium Health Resources NPI _____

Date of Referral _____
mm/dd/yyyy

Independent Practitioner Name _____

Practice Name _____
(If is different)

Address/Office Location _____

Contact Person _____
(If applicable)

Phone Number _____ Fax Number _____

Enrollee Name _____

Date of Birth _____ Age _____ Gender M F
mm/dd/yyyy

Medicaid ID # _____ County _____ Effective Date _____
mm/dd/yyyy

Guardian's Name _____

Guardian's Address _____

The purpose of this referral is to promote coordination of care, including medical and behavioral health services, when indicated. Treating clinician agrees to work collaboratively with the other health care providers for the benefit of this consumer.

The LME/MCO assumes no responsibility for verifying current or on-going Medicaid eligibility for consumers referred. Authorizations for reimbursement of services rendered should be obtained in accordance with Trillium Health Resources requirements and standards.

To obtain the NPI number, please contact the Trillium Call Center & Customer Service Department at 1-866-998-2597