Primary Care Provider (PCP) Referral Authorization Form Completion Instructions

- PCPs are encouraged to use the electronic Referral Authorization Form (RAF). It is quicker, easier, and less prone to mistakes that cause rejections.
- RAFs must be written only for members who are assigned to the PCP during the month the RAF is written. Please check your case management list before issuing a RAF.
- If submitting a paper RAF, print must be legible. (Incomplete/ illegible RAFs will be rejected.) Each RAF has a unique number and can only be used once.
- Please enter the requested effective dates. Changes to the dates are not allowed; another RAF must be issued.
- To restrict services, PCPs must mark the “Evaluation/Office Visit Only” box in the Description of Referred Services section.
- PCPs must fax completed RAFs to CenCal Health at (805) 692-5140

1 Primary Care Providers (PCP): This section will be preprinted with your practice’s information. Please ensure that all the information is correct before completing the rest of the form.

2 Referral Provider: Enter the Referral Provider’s information here. If the provider is part of a group, enter the group name where indicated. It is imperative that you provide the provider’s phone number and NPI. If referring to a group, you may also indicate the individual in the space provided.

3 Member/Patient Information: Enter member’s full name, date of birth, age, phone number, and ID number. To ensure the RAF is processed quickly, provide all relevant medical information. This includes the diagnosis codes, treatment orders, and symptoms.

4 Description of Referred Services: If you would like the referral provider to TREAT AS MEDICALLY NECESSARY, leave this area BLANK. If you wish to restrict services to consultations or office visits, please check the provided box.

5 Authorization Effective Dates: Enter the dates that you would like the RAF to be effective for. If only the “from” date is specified, if approved, the RAF will be valid for 3 months.

6 Out of Area Referrals: If you are referring to a provider who resides outside of Santa Barbara or San Luis Obispo County, Section 2 – Out of Area Referrals must be completed. You must indicate if the member has been treated for the symptoms described in Section 1 and if so, by whom.

Fax completed RAFs immediately to CenCal Health at (805) 692-5140 Pink triplicate should be forwarded to the Referral Provider; Green triplicate should be retained for the PCP’s records

For Further Instructions on RAFs, refer to CenCal Health’s Provider Manual located at www.cencalhealth.org. For questions, please contact Provider Services at (805) 562-1676