

Urgency of Request:     Emergent     Less than one week     Routine

Member Name:    Last		First	M.I.	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Member Payer		Member ID Number	Date of Birth	
Subscriber Name (if different from member)			Subscriber ID Number (if different from member)	
Address (No P.O. Box)			Telephone	
<b>Section 1: Treatment Information for Member</b>				
A. Referral Start Date		B. Referral End Date		C. Number of Visits
D. Condition Being Treated/Diagnosis				E. Diagnosis Code
F. Service Treatment Being Requested				G. CPT Code
H. Reason(s) for Out-of-Network Treatment/Service <input type="checkbox"/> Service Not Available In-network <input type="checkbox"/> Transition of Care <input type="checkbox"/> Other – Explain:				
<b>Section 2: Referring Provider</b>				
A. Provider Name:    Last		First	M.I.	
B. Provider Tax ID Number or SSN (mandatory)			C. Provider NPI number (optional)	
D. Provider Service Location Address (no P.O. box)				
E. Provider Phone			F. Provider Fax	
<b>Section 3: Specialist Information</b>				
A. Specialist Name:    Last		First	M.I.	
B. Specialist Tax ID Number or SSN (mandatory)			C. NPI Number (optional)	
D. Specialist Service Location Address (no P.O. box)			E. Specialist Telephone Number	
<b>Section 4: Signature of Referring Provider</b>				
Referring Provider Signature			Date	

*Please see reverse for decision and contact information*

**Section 5: Decision (MCC Designee Completes this Section)**

A. Designee Name: Last

First

M.I.

B.  Waiver Approved (with explanation, if necessary): Waiver Denied (with explanation):

Signature

Date

Member Last Name:

Referral Coordinator submitting waiver:

Direct Phone number:

Email:

**Please send completed form to the secure MultiCare Connected Care Fax at (253) 864-4088**

Points of Contact:

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Lisa Eskelin, Sr. Provider Network Specialist

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Chris Rice, Sr. Provider Network Specialist

(253) 403-8498 or [christopher.rice@multicare.org](mailto:christopher.rice@multicare.org)

(Please do not share contact information with patients or patient family members)

\*\*\*Please note that the waiver must be processed prior to date of service(s) requested and is not approved unless approved by MultiCare Connected Care. This process can take up to 5-7 business days.