PRIMARY CARE CASE MANAGEMENT (PCCM) PROGRAM REFERRAL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 708 (Rev 6-2020)

Clear Fields

NOTE:THIS FORM IS FOR PCP REFERRALS ONLY! *AN INCORRECT FORM MAY DELAY THE AUTHORIZATION PROCESS*
FOR OUT-OF STATE REFERRALS REQUEST: USE SFN 769.
FOR COORDINATED SERVICES PROGRAM (CSP) REFERRALS: USE SFN 231

Medicaid Member's Name	Date of Birth	Medicaid Number

REFERED TO PROVIDER/FACILITY

Referred to Provider/Facility Name	Referral Dates Effective thru

Reason for Referral

This notice authorizes the following care:

- ☐ Evaluation only
- ☐ Evaluation and treatment
- ☐ Evaluation and single treatment
- ☐ As needed
- ☐ Other (specify below)

Number of treatments
(if applicable)

Additional Referral Information

REFERRING PCP INFORMATION

Referring PCP Name (Please print)	Referring PCP's NPI
Referring PCP's Signature	Date

- Keep this form in the Medicaid member's record; send a copy to the state office **only if** requested.
- It is the "referred to" provider's responsibility to verify Medicaid member eligibility prior to rendering services.
- ND Medicaid policy is that referrals be effective for no more than one year from the date of issue.
- All evaluations and treatment require a written or electronic report to the Primary Care Provider.
- Further information regarding the PCCM program can be located within the General Information for Providers Manual at

  http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf