

**Referral to SMMC Specialist**

Dear Referring Clinician and Staff,

We have updated our referral process for SMMC Specialist. To avoid patient care delays and to ensure the quickest possible processing of referrals to SMMC specialists, please use the attached form**. We do not take walk-in appointments. All insurance fields must be completed, indicate no coverage if applicable.**

If patients have concerns about their Specialty referral, then please direct them to call (650) 573-3982. For chronic conditions, a referral should be generated by the patient’s Primary Care Provider.

Patients with the following coverage should not be sent to SMMC, as we are not currently contracted with them and will lead to patient delay in care:

* SMMC is not a contracted provider for Worker's Compensation payers.
* SMMC is not contracted with any private insurance payers (Example: Kaiser, Blue Cross, Blue Shield, Health Net, United Healthcare, etc.)
* SMMC is not contracted with any of the other health insurance coverage options through Medi-Cal (Example: PHP, PPO, HMO)
* **Please note that the Health Plan of San Mateo (HPSM) is the only Medi-Cal health insurance we are currently contracted with and accept.**

We have the following Adult Specialty services:

* Medical: Endocrinology, Neurology, Cardiology, Nephrology, Pulmonology, Rheumatology, Oncology, Hematology, and Gastroenterology/Hepatology
* Surgical: ENT, General & Vascular Surgery, Neurosurgery, Podiatry, Orthopedics, Musculoskeletal, Optometry, Ophthalmology, Vascular Wound Care, Urology and Plastic Surgery (Hand injuries should be sent to Plastic Surgery).

For **OB/GYN** referrals please fax to (650) 298-6894.

HPSM Adult Patients assigned to San Mateo Medical Center who need a primary care provider can call 650-372-3200. Patients who need to apply for health coverage can call the Health Coverage Unit at 650-616-2002.

We appreciate your partnership as we improve our system to serve our patients.

Thank you,

SMMC Specialty Clinic

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Patients that have been seen by the same specialty for the same condition within 3 years **DO NOT** need a new referral. Please advise patient to call 650-573-3982 to schedule a follow-up appointment.

\*\* SMMC is not an approved Workers Compensation Accident Provider – send to claims adjuster \*\*

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Stat (1-10 days) Urgent (4 weeks) Routine (next/available)**

**Patient Information** (all fields must be completed)

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone # to call patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Health Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient does not have coverage

**Accident Information**

Is this referral related to an accident?  Yes  No

If yes: type of accident (please circle) Auto Home Job Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Claim number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is patient self-employed/ day laborer?  Yes  No

**Capacity**

Is patient able to make medical decisions?  Yes  No

If **NO**: someone must accompany the patient to their appointment and provide legal documents (conservator, POA, etc.) Please attach legal documents to the referral

**Referring Provider Information**

Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialist Information**

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provide a copy of the following:  Demographic Sheet  Clinical Information  Labs/Imaging

**\*\*Fax number 650-298-6895\*\*Please fax each referral separately** Please fax completed form and supporting documents. Once completed and approved we will contact the patient to make an appointment with our specialist. If the patient has not received a call from the clinic within two weeks, please have them call 650-573-3982.