



# CONSULT VERIFICATION FORM

This form verifies that you, the patient, have discussed any specialty care with your family doctor. Your family doctor must sign and date this form before you receive specialty care and you must submit it promptly to us in order to receive the highest benefits under your plan. A consult verification must be received within 60 days of the initial visit to a specialist to be eligible for consideration.

Complete this form prior to seeking specialist care services.

Mail form to: DocFirst/Primary Select  
c/o LBA HealthPlans  
9475 Deereco Road, #408  
Timonium, MD 21093

Fax form to:  
(410) 427-3699

This form can be downloaded at [www.DocFirst.com](http://www.DocFirst.com) or [www.PrimarySelect.com](http://www.PrimarySelect.com).

All questions should be directed to our Customer Care Center at: (800) 793-9403 DocFirst, (800) 815-8240 Primary Select

\*Valid for 90 days from Consult Verification date.

(This Consult Verification Form can be valid for up to 1 year at the discretion of the physician.)

## PATIENT INFORMATION (COMPLETED BY EMPLOYEE/INSURED)

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Name of Family Doctor: \_\_\_\_\_

Family Doctor Address: \_\_\_\_\_

Family Doctor Phone Number: \_\_\_\_\_

## CONSULT INFORMATION (COMPLETED BY FAMILY DOCTOR)

Consult Verification (Referral) Date: \_\_\_\_\_ \* Consult Verification (Referral) Expiration Date: \_\_\_\_\_

Provider/Group Name: \_\_\_\_\_

Provider/Group Tax ID: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Diagnosis/Condition: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Service:  Consultation (description) \_\_\_\_\_

Surgery

Inpatient Hospital

Global OB/GYN and Delivery

Other \_\_\_\_\_

Family Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Doctor Tax ID # \_\_\_\_\_

Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan/carrier.  
(It is not necessary to forward a copy of this referral form to your specialist.)