

PCP Referral Tracking Log

Date Referral Sent to IPA & Name of IPA	Member Name & Date of Birth or Member Special Identifier	Acuity of Referral (Urgent or Routine)	Reason for Referral/Dx	Service or Activity Requested	Date Auth. Received	Referral Decision** (Approved or Denied/Partially Approved (Modified))	Date Patient Notified	Date of Appt or Service	Date of Consult Report/ Result Received	Outreach Attempts /Member Response Documentations
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied or <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
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		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd

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01/01/2025	John Doe 01/01/1901	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent	Syncope	Cardiology	01/04/2025	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)	01/04/2025	01/13/2025	01/15/25	1 st 2 nd 3 rd
01/02/2025	Jane Doe 01/01/1902	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent	Mammogram	Radiology	01/05/2025	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied or <input type="checkbox"/> Partially Approved (Modified)	01/05/2025			1 st 01/05/2025 2 nd 01/06/25 – Member Refused, provider notified. 3 rd
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd
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		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Approved (Modified)				1 st 2 nd 3 rd

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