

# BabyNet Service Provider Referral Form

- Service coordinators are encouraged to begin using the form now while it is only a resource. After policies are updated later this year, it will be required.
- It provides a consistent method for all service coordinators to make referrals to therapy providers.
- It should be sent to providers after an IFSP Team meeting where an evaluation or ongoing service has been identified as a need.
- It contains all information providers should need to determine if they can serve the child.
- The form **MUST** be accompanied by a signed *Consent to Release/Obtain Information* form.
- The form was developed with input by service coordinators and providers.

# Section 1: Child Information

SECTION 1: CHILD INFORMATION			
Child's Last Name:	Child's First Name:	DOB:	BRIDGES ID #:
Parent/Guardian Name:		Parent/Guardian Email:	
Parent/Guardian Phone (best contact):		Home Address:	
Address/Location of Service Provision (if different than home): <input type="checkbox"/> Childcare Center <input type="checkbox"/> In-home Childcare			
Days/Times NOT convenient for the family:			
Child's Pediatrician and Contact Information:			

- Address/Location of Service Provision: This field is different than the child's address. This is the location where services will be expected to be provided if not in the home. This can be a childcare facility or in-home/family childcare or relatives' home.
- If there are certain days/times that families are NOT available, those should be added here.
- Pediatrician information is important so prescriptions can be requested if not already available.

# Section 2: Payor Sources

SECTION 2: PAYOR SOURCES			
Payor Sources:			
<input type="checkbox"/> Private Insurance/Tricare	Policy Name_____	Policy #_____	Group #_____
<input type="checkbox"/> Medicaid	Medicaid Number_____		
<input type="checkbox"/> FFS <input type="checkbox"/> MCO	MCO Name_____	Does this child have TEFRA? <input type="checkbox"/> Y <input type="checkbox"/> N SSI? <input type="checkbox"/> Y <input type="checkbox"/> N	
If the child is covered by private insurance and does NOT have Medicaid, the family must provide consent for BabyNet providers to bill private insurance. <b>Attach signed <i>Consent to Use Insurance Resources</i> form.</b>			

- Enter all policy ID names and numbers, including Private Insurance, Tricare, Medicaid (FFS, MCO).
- MCO Plan IDs are found on the Financial Support Screen in BRIDGES.
- If TEFRA and/or SSI status are known, select the appropriate box(es).
- Families who have private insurance and the child is NOT Medicaid eligible, can decline the use of their private insurance by service. Families should determine their consent choice PRIOR to attending the therapy visit.

## MCO Plan IDs:

- HM1000-First Choice by Select Health of SC
- HM2200-Absolute Total Care
- HM3200-Healthy Blue by Blue Choice of SC
- HM3600-Molina Healthcare of SC
- HM4200-Humana



# Section 3: Service Request

SECTION 3: SERVICE REQUEST					
Service	Consent		Service	Consent	
	Yes	No		Yes	No
<input type="checkbox"/> Hearing Evaluation			<input type="checkbox"/> ST Services		
<input type="checkbox"/> OT Evaluation			<input type="checkbox"/> ABA Evaluation		
<input type="checkbox"/> OT Services			<input type="checkbox"/> ABA Services		
<input type="checkbox"/> PT Evaluation			<input type="checkbox"/> Vision Evaluation		
<input type="checkbox"/> PT Services			<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> ST Evaluation					
Has the child previously received the requested service(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for Referral (additional comments):					

- Check the box(es) of the service(s) being requested. Be specific on whether the request is for evaluation or ongoing services.
- Check whether the family has given consent to bill private insurance. Consent is only applicable if the child does NOT have Medicaid. If the child has Medicaid, consent defaults to “yes.”
- Be sure to indicate if the child has previously received the requested service.
- Describe the reason for referral in the *Reason for Referral* field.
- This documentation does NOT replace the *Consent to Use Insurance Resources* form.

# Additional Information

SECTION 4: SERVICE COORDINATION CONTACT	
Service Coordination Agency:	Service Coordinator:
Service Coordinator Phone:	Service Coordinator Email:

**Note:** *BabyNet Service Providers are responsible for verifying all billing and service information in BRIDGES prior to providing services. Providers must be added to Planned Services before they can contact the family. Service Coordinators must obtain consent to release information from the family prior to sending this form to a provider.*

- Be sure to include the service coordinator's agency, name, phone, and email.
- BabyNet Service Providers are responsible for verifying all billing and service information in BRIDGES prior to providing services. The payment information included on this form is for convenience only.
- Providers must be added to Planned Services before they can contact the family.
- Service Coordinators must obtain consent to release information from the family prior to sending this form to a provider.
- Service Coordinators **MUST** send a new **Consent to Use Insurance Resources** form every time a change is made related to billing private insurance (i.e., family gains or loses private insurance, changes decision to allow Part C to bill private insurance or gains Medicaid and must allow their insurance to be billed).