



Physician Referral Form
Ark State Employees, Public School
Employees & Munro Shoe ONLY

All Fields Must Be Completed

Member Name: _____

Member ID #: _____ Member DOB: _____

PCP Name: _____ PCP Number*: _____

Specialist Name: _____ ICD-9: _____
(Diagnosis)

Specialist City: _____ Specialty: _____

of Visits: _____ Date Span : _____ to _____

PCP Signature: _____ Date: ____/____/____

*Provider Numbers are available via the provider search function of the NovaSys Web-Site or by calling NovaSys .
www.novasyshealth.com or (800) 294-3557.

- PCP to Specialist Referrals are valid for 1 year and are good for the number of visits listed above. This referral is in no way a guarantee of eligibility, payment or benefit determination.
- Referrals should be made to In-Network Providers only. Out-of-Network Referrals require approval. Please call (501) 975-4810 or (877) 362-9002 for instructions.
- Specialist: Please ensure that the member's PCP is provided a summary of the treatment plan, medications, procedures and test results for all care ordered and provided under your care.
- Specialist: Please check with PCP to see if prior pertinent test results are available to avoid the duplication of services.
- Mental Health/Substance Abuse services are provided through Corphealth for the Arkansas State Employee and Public School Employees. Corphealth can be reached at (866) 378-1645.

Referrals may be faxed or mailed to:

NovaSys Health
PO Box 25224 Little Rock, Arkansas 72212
Fax: (888) 590-9972
Phone: (877) 362-9002
(501) 975-4810

For Internal Use Only

Date Received ____/____/____

Entered By _____

Authorization # _____