



eRAF Request Form

Purpose

Use the eRAF request form to facilitate communication between Specialists and PCPs. Specialists can use this form to request an eRAF from the assigned PCP. This form is not required.

PCP: _____

PCP Fax#: _____

PCP: Please submit an eRAF for Specialty care.

Patient's Name: _____

Patient's DOB: _____ Patient's CIN: _____

Specialist Practice Name: _____

Specialty Type: _____

Specialist Billing NPI: _____

Specialist Address: _____

Specialist Fax#: _____

Diagnosis Code, Description: _____

Start Date for RAF: _____

Instructions to Specialist: Attach current chart notes or consultation report to this request.

Comments:

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