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9A9F; **9BH** ,), Ł &* \$!), +\$ ÜUW∕Œ ÒÁÁÁÁÁÁÁÁÁÁÁÁÁÍ Ì DÁŒÍ ĒÍ Ì Ĩ FÁ

51 H< CF=N5 H=CB F9EI 9GH: CFA

Patient Identification:	
Name:	MRN: DOB:
Health Plan:	PCP:
Requesting MD:	Contact Name: (at requesting office)
Requestor's Phone #: ()	
Fax #: () F	FAX TO: Intake Line (858) 260-5861
Service Request:	
Check One () Consult / Office Visit / M () Diagnostic Test () DME, Orthotic / Prosthe () Home Health**	MD () Outpatient Surgery () Inpatient Admission etic () PT, OT, Speech () Therapy** Other (specify)
**# VISITS REQUESTED	
Provider Name:	Facility:
Diagnosis: 1)	ICD-10 Code ICD-10 Code
Description 1)2)	
Clinical Summary / Reason for Request:	

Fax to: Scripps Health Plan Services (858) 260-5861

For Information: Contact Customer Service (888) 680-2273