

At AppleCare Medical Group, we work with our broker community to make sure we have an excellent and extensive Specialist network to offer your clients. Please complete this form and fax to 1-714-844-4704. If you have any questions, please contact Brittany Jackson 1-714 443-4510 or Lupita Gutierrez 1-714-676-2457.

OUT OF NETWORK REQUEST

Requested by:		Date:
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medi-Medi	Patient Name:
<input type="checkbox"/> Commercial	<input type="checkbox"/> Medi-Cal	DOB:
<input type="checkbox"/> Existing Member		<input type="checkbox"/> Prospective Member
<input type="checkbox"/> New Member		

Doctors Information

Specialist Name:	Telephone #:
Specialty:	
Diagnosis:	
Last Doctors Visit:	Length of Time with Specialist:

Hospital Information

Have you been recently admitted to the hospital (Within last 3 years): Yes No

If so, which hospital?

Date of Admittance:	Length of Stay:
Reason:	

Treatments

Are you receiving any intravenous or injected Drugs?: Yes No

Name of Medication(s):

Services

Are you on a Organ Transplant List?: Yes No

If yes, what facility?

Do you have medical equipment at home?: Yes No

What kind of equipment?:

Name or the company that provides the equipment?:

Proposed Health Plan:

Proposed Health PCP:

Proposed Health Region: Select St. Francis Downey Whittier

Comments/Reason for Request: