



Mail to:  
Gateway Health Plan®  
P.O. Box 830249  
Birmingham, AL 35283-0249

### GATEWAY HEALTH PLAN® OB/GYN REFERRAL FORM

For claims payment purposes each referral you issue requires a NEW form to be downloaded and printed. Just print, complete and mail to the address on the form.

#### PROVIDER INFORMATION

OB/GYN Provider Name: \_\_\_\_\_

OB/GYN Provider #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OB/GYN Address: \_\_\_\_\_  
\_\_\_\_\_

Provider Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Gateway Member ID# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Diagnosis/Complaint: \_\_\_\_\_  
\_\_\_\_\_

Designated Laboratory: \_\_\_\_\_

#### FACILITY INFORMATION

REFERRED TO:

Facility Name: \_\_\_\_\_

Facility Provider ID#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

REFERRAL IS VALID FOR 90 DAYS FROM THE DATE OF ISSUE

**Members Must be Referred to Specialists Through Their Primary Care Practitioner with the Exception of Perinatologists Who Do Not Require a Referral.**

Referred Services:

Lab Testing Performed by a Non-Designated Lab  
(Specify) \_\_\_\_\_

Must use members designated laboratory except in an emergency.

No referral needed when member is referred to their designated lab.

Other (Specify) \_\_\_\_\_

- The referral must be in Gateway's claim system at the time the bill is received to be applied to the service rendered.
- Payment for referral and precertified services is contingent upon the patient being an effective Gateway member on the date of service at the time of claim processing.

OB/GYN Signature: \_\_\_\_\_ (An Unsigned Form is Invalid)

Referral Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (If referral is not dated, Gateway will date according to receipt at the claim office.)