Indigent Healthcare Divison
Polk Health Care Plan
Medical Management Department
2135 Marshall Edwards Drive
Bartow, Florida 33830
Main: (863) 533-1111

Authorizations Phone #'s:
(863) 534-5378 (863) 534-5388
(863) 534-5384 (863) 519-2066

Facsimile #'s:
(863) 519-7940 or (863) 534-5376
(863)-519-8440

POLK

Referral Form **DOS:** **Today's Date:**

MEMBER INFORMATION	
Name:	**Address:**
DOB:	**City/State/Zip:**
Member ID:	**Telephone:**

Service Requested
CPT CODE
NAME: Procedure/Surgery; Etc:
ICD-9:
FACILITY:
INPATIENT ( ) OR OUTPATIENT ( ) THIS IS FOR HOSPITAL ONLY

PROVIDER INFORMATION			
Referred From:		***Referred To:***	
(CHECK APPROPRIATE BOX) ☐ **PCP** ☐ **Specialist** _*(NAME OF PCP OR SPECIALIST)*		**Provider Name:**	
Contact Person:		**Specialty:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
Tel:	**Fax:**	**Tel:**	**Fax:**

****All requests must be accompanied by medical records that demonstrate the medical necessity for the referral****

Reminder: All medically necessary labs should be sent to LabCorp

Org. 9/2000 Rev. 6/2001,1/2002, 5/2005, 11/2009, 5/2013, 2/2014