



Inland Empire Health Plan

PCP Referral Tracking Log

Date of Service	Date Referral Sent to IPA & Name of IPA	Member Name & Date of Birth	Acuity of Referral (Urgent or Routine)	Reason for Referral/Dx	Service or Activity Requested	Date Auth. Received	Referral Decision** (Approved or Denied/Partially Approved (Modified))	Date Patient Notified	Date Appt or Service	Date of Consult Report Received	Outreach Documentations
			<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Partially Approved (Modified)				1 st 2 nd 3 rd
			<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Partially Approved (Modified)				1 st 2 nd 3 rd
			<input type="checkbox"/> Routine <input type="checkbox"/> Urgent				<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Partially Approved (Modified)				1 st 2 nd 3 rd
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