

# Lexington Pediatrics, P.C.

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Pediatric and Adolescent Medicine

## **REFERRAL REQUEST POLICY**

For our patients with an insurance that requires a referral authorization from their designated Primary Care Physician, all specialist and outpatient visits (including neuropsych testing and MRI/CT scans) need to be pre authorized through our office.

Patients or their guarantors are responsible for contacting the recommended specialist to schedule their appointment. We can assist you with this process if necessary; please speak with the practitioner who made the referral for assistance.

Once you have an appointment scheduled, please contact the Lexington Pediatrics Referral Department with the patients name and date of birth, the specialist or facility name, date of service, reason for the visit and insurance information.

All referral requests are processed within 48 hours, excluding weekends and holidays. You will be contacted only if there is a question or concern with your request. Same day requests are not given priority unless urgently scheduled at the request of your Primary Care Physician or specialist.

The Lexington Pediatrics Referral Department will submit your request, and once an authorization is secured, it will be forwarded to your attention via US mail. We are happy to fax or email the authorization to your attention if that information is provided with your request.

Retroactive referral requests must be made in writing. Every effort will be made to secure an authorization, however, we can not guarantee that your insurance carrier will provide an authorization retroactively and we are not responsible for any charges incurred as a result of your having visited a specialist without the required approval.

If you are not certain whether or not your particular insurance plan requires a referral authorization from your Primary Care Physician, please contact your insurance provider.