



# SPECIALIST EXTENSION FORM

- Medi-Cal Managed Care (SFHP: SF Health Plan)  
 Healthy Families (SFHP)       Other: \_\_\_\_\_

NEMS-MSO – 1520 Stockton Street, San Francisco, CA 94133 – Tel: (415) 352-5045 Fax: (415) 398-1742

<b>Member Information</b>	Name: _____ Date of Birth: _____ SFHP ID #: _____
<b>PCP/Referring Provider</b>	Name: _____ Phone #: _____ Fax #: _____
<b>Specialist</b>	Name: _____ Specialty: _____
	Contact Person: _____ Phone #: _____ Ext.: _____
	Address: _____ Fax #: _____

## SPECIALIST SECTION

**Date of Initial Consultation Visit:** \_\_\_\_\_ **Number of Additional Visits Requested:** \_\_\_\_\_

**Anticipated Duration of Treatment:** \_\_\_\_\_

**Diagnosis and Justification for Continued Treatment:** *(copy of related medical records/x-ray/lab reports - attach as necessary)*

.....

.....

.....

.....

.....

.....

**Specialist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRIMARY CARE PHYSICIAN (PCP) SECTION

Authorize requested visits       Deny further extensions. Return back to PCP

Authorized as modified below by PCP       MSO Review

**Comments:** .....

.....

.....

**PCP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Important Note: Authorization does not guarantee patient eligibility. To verify eligibility, call SFHP directly at (415) 547-7810.*

## For NEMS-MSO Use Only

**Date Entered:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Auth #:** \_\_\_\_\_