OPTUM®

Ancillary Referral Form

Our Ancillary Referral Form is a quick and easy way to submit a referral for ancillary products and services. Simply fill in the information below and email the completed form to referralsacs@optum.com or fax it to 1-800-764-6304. We'll take it from there.

In the event of questions, urgent service needs, or should you wish to speak with one of our representatives, please call us at 1-800-777-3574. Otherwise, we will contact you within 24 hours of receipt to obtain any additional claim details to process this referral. Fields marked with an asterisk (*) are required.

Claim Type

☐ New Claim ☐ Existing Claim Date Required _____ ☐ RUSH ORDER

Referral Source

Your Name* _____

Email Address* Confirmation of this referral will be sent to this address _____

Company Name _____

Phone Number* _____

Relationship to Claimant ☐ Claims Professional ☐ Case Manager ☐ Other – specify: _____

Claimant Information

Claimant Name* _____

Date of Birth* _____

Phone Number* _____

Street Address _____

City _____ State _____ Zip _____

Claimant Height _____ Claimant Weight _____ Claimant Language _____

Claim Information

Adjuster Name _____ Adjuster Email _____

Claim Number* _____

Employer Name _____

Insurance Carrier/TPA* _____

Date of Injury* _____

State of Injury/Jurisdiction* _____

Claim Type* ☐ Workers' Compensation ☐ Auto ☐ Other – specify: _____

Physician Name* _____

Physician License Number _____

Physician Address _____

City _____ State _____ Zip _____

Physician Phone Number* _____

Diagnosis Code _____

Services Needed

☐ Aqua Therapy	☐ Catastrophic Care	☐ Chiropractic Care	☐ Diagnostic Services
☐ Home Health Care	☐ Home Modifications	☐ Inpatient Negotiations	☐ Language Services
☐ Medical Equipment and Supplies	☐ Occupational Therapy	☐ Orthotics	☐ Physical Therapy
☐ Prosthetics	☐ Transportation Services	☐ Vehicle Modifications	☐ Other: _____

Comments or Other Services

_____

_____

_____

_____

Reset Form