



## ST. JOHN'S HEALTH SYSTEM, INC. REFERRAL FORM

Send **REFERRAL** to: St. John's Community Medical Management  
by FAX: (417) 820-7866 or (800) 863-8040  
**If unable to Fax, mail to:**  
St. John's Community Medical Management  
3265 S. National, Suite 115  
Springfield, MO 65807

### For Premier/GE

Send **CLAIM** to: Premier Health Plans  
P. O. Box 4568  
Springfield, MO 65808

This Referral Form does not guarantee payment by Premier Health Plans. Responsibility for payment shall be subject to membership eligibility criteria, benefit limitations\* under the applicable contract, and the interpretation of benefits under applicable subrogation and coordination-of-benefits rules, regulations and/or legislation. This referral is applicable only to the treatment as specified on front. For any service not specified, it will be necessary to obtain an additional referral authorization.

\*For Premier Health Plans, examples of benefit limitations are: cosmetic surgery, orthotics, workers compensation, transportation, custodial care, experimental or investigational procedures, and personal comfort items. Contact member services at **(417) 836-0402** or **(800) 836-0402** for questions regarding benefit descriptions or refer to your member handbook and service agreement.

Referral type defaults: If not otherwise specified REC will be 3 visits and 60 days duration with a \$300 limit in total charges. The RET default will be unlimited visits in a 90 day period. The Inpatient LOS default is as deemed medically necessary.