

REFERRAL FORM FOR RETIRED MEMBERS

SEATTLE FIREFIGHTER'S PENSION BOARD

2200 6TH Ave – Ste 820 – Seattle, WA 98121-1822

(206) 625-4355 – 1-800-993-3473 – Fax (206) 625-4521

www.cityofseattle.net/firepension

RETIRED MEMBER'S REFERRAL FORM

Name _____	Phone (____) _____
Address _____	City _____ State _____ Zip _____

ALL QUESTIONS MUST BE ANSWERED

ALL MEMBER'S MUST COMPLETE

Date of Medical Service _____ Name of Physician or Specialist _____

Nature of Injury or Illness or Medical Service _____

MEMBER'S SIGNATURE _____

IT IS THE MEMBER'S RESPONSIBILITY TO SUBMIT THIS FORM TO THE PENSION OFFICE, BLUE CROSS CARDS MUST BE PRESENTED TO PHYSICIAN, HOSPITAL, OR PHARMACY AT TIME OF SERVICE

PRIMARY CARE OR PENSION BOARD PHYSICIAN'S MEDICAL REPORT

Diagnosis

Referred For: Surgery ____ Labs ____ Physical Therapy ____ Medical Appliance (specify) _____

MRI X-Rays ____ Other _____

Primary Care or Pension Physician's Signature _____ Date _____

A REFERRAL FORM IS NOT AN AUTHORIZATION FOR PAYMENT OF SERVICES NOT COVERED BY BOARD POLICY

REFERRAL AUTHORIZATION

To: _____ Phone: () _____

To: _____ Phone: () _____

To: _____ Phone: () _____

To: _____ Phone: () _____

For: Eyecare ____ Chiropractor ____ Other (specify) _____

Physician's Signature _____ Date: _____

THIS FORM IS REQUIRED WHENEVER SEEING A NEW PROVIDER AND MUST BE SENT TO PENSION OFFICE