

Riverbend Family Medicine

1420 Grove Street, Suite 200, Riverbend, ST 58021
Main 555-0130 · Nurse line 555-0131 · Fax 555-0132
Mon–Thu 7:30a–5:30p · Fri 7:30a–4:00p · Closed 12:00–1:00p

PATIENT INSTRUCTIONS

Document
Referral and prior authorization guide
Owner
Referral Coordination Team
Version
2.6 · Effective 03/2027
Referral line
555-0136

What Happens After You Are Referred to a Specialist

The steps, the typical timing, who is responsible for each step, and when to call us

REFERRAL COORDINATOR 555-0136, option 2	PORTAL Messages → Referrals	TYPICAL TOTAL TIME 5 to 21 business days	URGENT REFERRALS Flagged by your clinician at the visit
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THE FIVE STEPS, AND WHO OWNS EACH ONE				
STEP	WHAT HAPPENS	WHO DOES IT	TYPICAL TIME	WHAT YOU MAY NEED TO DO
1. Referral is written	Your clinician documents the reason for referral, the specialty, and the urgency.	Your clinician	Same day	Nothing. Ask which specialty and why if it was not clear.
2. Insurance requirements are checked	We check whether your plan requires a referral on file, a prior authorization, or an in-network specialist.	Referral coordinator	1–3 business days	Make sure we have your current insurance card on file.
3. Prior authorization is submitted	If your plan requires it, we send the clinical justification and supporting records to your insurer and wait for a decision.	Referral coordinator and your insurer	3–14 business days	Nothing, unless your insurer contacts you directly.
4. Appointment is scheduled	Either we schedule for you or the specialist's office calls you, depending on the practice.	Specialist office or referral coordinator	1–5 business days	Answer calls from unfamiliar numbers. A missed call is the most common reason a referral stalls.
5. Records are sent and results return	We forward the relevant records; the specialist sends a report back after your visit.	Both offices	Varies	Bring your medication list and ask the specialist to send a report to us.

TERMS YOUR INSURER MAY USE	
Referral	Permission from your primary clinician, required by some plans before a specialist visit will be covered.
Prior authorization	A separate approval from your insurance plan confirming it considers the service medically necessary before it is provided.
In network	A specialist who has a contract with your plan. Out-of-network care usually costs significantly more, and sometimes is not covered.
Denial	Your plan declined to authorize the service. A denial can often be appealed, and we can supply additional clinical information.
Peer-to-peer	A direct conversation between your clinician and a reviewing physician at the insurer, used when an authorization is initially denied.

WHEN TO CALL THE REFERRAL LINE
- You have not heard anything 10 business days after your visit. - The specialist's office says they have no referral on file. - Your insurance changed after the referral was written. - You received a denial letter from your insurer. - You received a denial letter from your insurer. - Your symptoms are getting worse while you wait. - You need to change to a different specialist or location.
Do not wait: If your symptoms become severe or urgent while waiting, do not wait for the referral. Call the nurse line at 555-0131, or call 911 for an emergency.

REDUCING THE TWO MOST COMMON DELAYS		
DELAY	WHY IT HAPPENS	HOW TO PREVENT IT
The specialist office cannot reach you	Calls come from a number you do not recognize and go to voicemail, or your voicemail is full.	Confirm your best phone number with us, keep voicemail available, and return calls promptly.
Prior authorization is denied for missing information	The insurer requires documentation of prior treatment, imaging, or a trial of another therapy that is not yet in the submitted record.	Tell us about treatment you received elsewhere so we can include it in the first submission.

Please note: This guide describes a typical process and typical timeframes. It does not guarantee approval, coverage, an appointment date, or a specific outcome. Your insurance plan documents and the specialist's office determine what actually applies to you.

FICTIONAL SPECIMEN. Riverbend Family Medicine, the referral line, the timeframes, and the insurance processes described here are invented for demonstration only. This is not medical advice, insurance advice, a coverage determination, or a real practice policy.