

Referrals and Authorizations Policy



Lexington Pediatrics
Boston Children's
Primary Care Alliance

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At Lexington Pediatrics, a **referral** is a recommendation from your primary care doctor that you see a specialist.

An **authorization** is the written permission we receive from your insurance company for you to see the specialist. You might also need an authorization before receiving a particular medicine or test, like an MRI.

Not every referral requires an authorization, but we believe every referral deserves follow-up. As part of your medical home team, we always want to be updated on the recommendations made for your child, no matter where that care happens. That's why we are here to help you every step of the way. We help make appointments with specialists, and follow up after your visit to make sure we have the most accurate information about any changes made to your child's care. We take these steps even when your insurance company does not require an authorization, because we think your child receives the best possible care when his or her doctors work together.

You are very important in this process.

Please call us before booking an appointment for your child with a specialist.

During this call, we can help you decide whether the visit is necessary; we care for many issues in our office every day that used to require referrals, such as asthma, allergies, ADHD, acne, behavioral health, concussions, and even some orthopedic injuries.

Without that conversation, however, we are unfortunately unable to complete insurance authorizations for visits.

If your child does need specialty care, we will always follow up with you and with the specialist after your visit. If your child routinely sees specialists for chronic medical issues, please make sure you discuss that with your doctor at your visit so she can stay up to date on your child's care plan.

If your primary care doctor referred you to a specialist, please complete the information below when booking your appointment with that doctor. When you have completed this form, please fax it to our office, or feel free to call our office during weekday business hours and speak with our staff. They will share this information with your child's regular doctor, who can then make certain we receive any recommendations or results from your visit with the specialist. They will also complete any insurance authorizations that might be needed. We appreciate having this information at least a week before your child's appointment.

Finally, please make certain that your child's specialist knows how to reach us, so we can receive his or her recommendations in a timely fashion. We appreciate your help with this process, as we all work together to provide your child the best care possible!

Patient name: _____

Date of birth: _____

Specialist name: _____

NPI #: _____

Specialist's phone: _____

Specialist's fax: _____

Date of appointment: _____

Reason for appointment:

