

# SPECIALIST REFERRALS

Receiving the Right Care at the Right Time

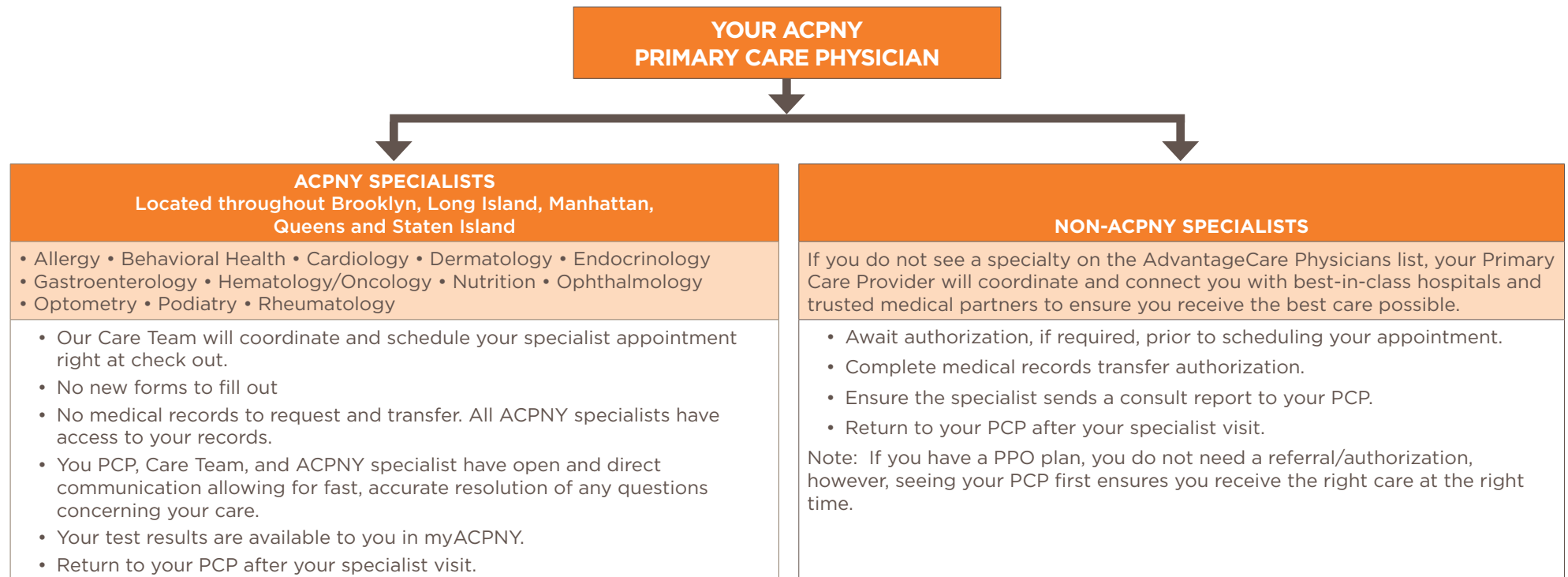


**Primary Care** empowers our providers and Care Teams to better manage patient care. Our focus is on sick and preventive care, disease management, and wellness programs. The core of AdvantageCare Physicians' primary care is: • **Internal Medicine** • **Pediatrics** • **Family Practice** • **OB/GYN**

## It is important to see your Primary Care Provider (PCP) first:

- Your PCP may be able to treat your condition. You should always see your PCP first.
- You may not need to see a specialist. **ALERT:** Self diagnosing is dangerous. Many serious and life threatening conditions have very common symptoms. Only a trained health care provider can diagnose your condition properly to ensure you receive the right care.
- Your PCP will evaluate your condition and may treat you, saving time and unnecessary visits and additional copays.
- Your PCP may need to do additional tests to diagnose your condition.
- If you need a new referral or you have not seen your PCP in six months.

**Specialty services** are essential to maintaining the overall health and well-being of our patients. We rely on our primary care providers and specialists, in and outside of AdvantageCare Physicians, to work together to deliver high quality, cost effective, personalized care.



# IMPORTANT: MAKE SURE TO STOP AT THE CHECK OUT DESK

## At Checkout, make sure to:

- Receive your After Visit Summary
- Schedule Next Appointment
  - PCP
  - Specialist
  - Lab
  - Radiology
- Update your pharmacy information
- Get Prescriptions (if needed)
- Sign up for myACPNY

## Register for MyACPNY, your personal care assistant

- Schedule your appointments online, 24/7
- Review current medications and request prescription refills
- Use Express Check In at select offices
- See referral authorization and test results
- Ask questions and get answers by sending your Care Team secure messages
- Review your medical history

Visit [myacpny.com](http://myacpny.com)

## Follow-Up Appointment Card

Member Name \_\_\_\_\_

MRN \_\_\_\_\_

Provider \_\_\_\_\_

Your provider has requested that you make an appointment for follow up care. Please stop at the Check Out desk and present this form to a Care Team Associate who will coordinate your follow up care as noted below.

- |  |   |
|--|---|
| <input type="checkbox"/> Allergy   | <input type="checkbox"/> Optometry <input type="checkbox"/> HEDIS     |
| <input type="checkbox"/> Care Management                                     | <input type="checkbox"/> Ophthalmology <input type="checkbox"/> HEDIS |
| <input type="checkbox"/> Cardiology Consult                                  | <input type="checkbox"/> Physical Therapy                             |
| <input type="checkbox"/> Cardiac Testing                                     | <input type="checkbox"/> Podiatry                                     |
| <input type="checkbox"/> Stress Test <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Rheumatology                                 |
| <input type="checkbox"/> Dermatology   | <input type="checkbox"/> Radiology <input type="checkbox"/> HEDIS     |
| <input type="checkbox"/> Diabetic Education & Nutrition                      | <input type="checkbox"/> Behavioral Health/Social Work                |
| <input type="checkbox"/> Endocrinology                                       | <input type="checkbox"/> Vaccine/Immunization                         |
| <input type="checkbox"/> Gastroenterology <input type="checkbox"/> HEDIS     | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> Laboratory Services                                 | <input type="checkbox"/> PCP Follow Up _____                          |
| <input type="checkbox"/> OB/GYN <input type="checkbox"/> HEDIS               | <input type="checkbox"/> External Specialty _____                     |