



Dear Primary Care Physician:

Continuity and coordination of medical care is dependent upon the communication of information between a member's primary care physician (PCP) and specialist(s). Studies suggest that improved communication and collaboration between practitioners results in improved care, higher member satisfaction and decreased safety issues, especially in regard to duplicate prescriptions.

If you refer one of your HealthPlus patients to a specialist for a consultation, please consider giving the patient a copy of the enclosed ***Preliminary Report of Patient Consultation*** form to take with them to the specialist. The purpose of the form is to allow the specialist an opportunity to provide you, the referring physician, immediate feedback on the patient's condition via fax transmission for your patient's record. This form is not intended to replace the formal reporting and documentation you typically receive from a specialist, but rather to enhance the communication between you and the specialist and ensure that your patient's needs are being met as efficiently as possible.

We appreciate your cooperation in our efforts to ensure member safety and quality of care. If you have any questions, please do not hesitate to call your HealthPlus Provider Network Educator.

Sincerely,

A handwritten signature in black ink that reads "Richard S. Frank". The signature is written in a cursive, flowing style.

Richard S. Frank, MD, MHSA

Vice President, Chief Medical Officer



Preliminary Report of Patient Consultation

To ensure patient safety and quality of care, please complete and fax this preliminary report to the patient's referring primary care physician on the day of the visit.

Specialist name: _____

Patient name: _____

Patient date of birth: _____ **Member ID#:** _____

Consultation date: _____

Findings and Recommendations:

Recommended medications or medication changes: _____

A full consultation report will follow by (date): _____

Signature of Specialist

Date

Primary care physician: _____

Address: _____

Phone _____ **Fax** _____