

**To refer a member for:**

- **MRI**
- **PET scan**
- **Physical Therapy**
- **Occupational Therapy**
- **Physiatry**
- **Speech Therapy**

**you must contact our Health Services Department directly.**

**PLEASE ALLOW 72 HOURS  
FOR A RESPONSE**

Call **(800) 450-8753**  
Between 8 am and 7 pm, Monday  
through Friday

You'll need:

- The member's name
- Member's Health Plus ID #
- Specialist's name and Health Plus Provider ID number
- Diagnosis
- Number of visits desired

-OR-

Complete a Health Plus specialist referral form and fax it to the Health Plus Health Services Department at:  
**(718) 360-1314**

You can download a specialist referral form from our web site:

**[www.healthplus-ny.org](http://www.healthplus-ny.org)**  
(go to "Providers", then click "Referral Info & Forms")



# How to Refer a Member for Specialty Care

**Use the  
INFO PLUS Web or Automated Phone Service-  
GET AN IMMEDIATE RESPONSE**

**INFO PLUS Online:**



•Go to **www.healthplus-ny.org** and click on **INFO PLUS** (under "**Providers**").

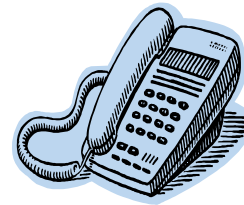
•On the INFO PLUS screen, click on the URL labeled: ***To make a referral to a participating specialist - CLICK HERE.***

•On the next screen, click the ***Initiate a referral*** option and click 'Continue'.

•Enter the requested information and click 'OK'.

The final screen will provide confirmation of the approval, specifying the referral number, approval period and number of approved visits.

**INFO PLUS By phone:**



•Call **(800) 450-8753** and Press 1.

Enter the following:

1. Your **9-digit Provider ID number** (without the three leading zeros)
2. Your **4-digit PIN**
3. **Member's Health Plus ID number.**
4. **Specialist's 9-digit Provider ID number** (without the three leading zeros), available in your printed Health Plus Provider Directory or online at: [www.healthplus-ny.org](http://www.healthplus-ny.org) (click *Providers*, then *Find a Provider*)
5. Diagnosis code (with relevant modifiers)
6. Number of visits desired

The voice response system will provide confirmation of the approval, a referral number, approval period and number of approved visits.