



UNIVERSITY OF CALIFORNIA, MERCED
 5200 North Lake Rd.
 MERCED, CALIFORNIA 95343
 (209) 228-0005 FAX: (209) 500-6334

H. J. Rajender Reddy Health Center
 Student Health Center

UCSHIP Administrative Referral Form

PATIENT DETAILS

Patient Name: _____ DOB: _____

UCM Student ID#: _____ Anthem ID#: _____

Patient phone #: _____ UCM Provider Name: _____

Please attach approved referral

FACILITY INFORMATION

Requesting provider Name: _____ Signature _____

Facility Name: _____ Specialty: _____

Phone number: _____ Fax number: _____

Contact person: _____

Go to www.ucop.edu/ucship to find in-network providers

Referring to:

Facility name: _____ Specialty: _____

Facility address: _____

Phone#: _____ Fax#: _____

CPT code: _____ ICD10 code: _____

Appointment date and time: _____

UCM office only: Approved ☐

Denied ☐

Name of Admin Referral Coordinator

Date

Effective: _____ to _____