

UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

H. J. Rajender Reddy Health Center
Student Health Center

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

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 _____