



**HealthPartners Restricted Recipient Program (RRP)
 Referral for Restricted Recipient Enrollee**

To ensure proper payment to the referral provider, the primary care physician must fax this medical referral form immediately to the HealthPartners Restricted Recipient Program at (952) 853-8745. If you have any questions, call our triage line: (952) 883-6983.

Section I: Primary Physician

Date:	Patient Name:	HealthPartners ID #	DOB:
Primary Physician:		Phone Number:	
Clinic Name:		Insurance Type:	

Section II: Referral Information:

Referring To (First & Last Name):		Specialty:	
Clinic Name:			NPI/Tax ID
City:		Phone Number:	
Reason for Referral:			
Diagnosis with ICD 10 code:			
May this Provider prescribe controlled substances:			
Start Date:		End Date:	# of Appts
Signature:		Date:	