

# GAPP (Giving Assistance to Patients and Providers) Referral Form



**(The following information needs to be completed when referring a patient to the Program. Please note, if patient is a Medicare recipient, they do not qualify for the Program.)**

<b>Reported by:</b>		<b>Date:</b>	
<b>Site:</b>			
<b>Physician:</b>		<b>Contact Ph #:</b>	
<b>Patient Name:</b>		<b>DOB:</b>	
<b>Patient Contact Ph#:</b>		<b>Date of Incident:</b>	
<b>Patient SS #:</b>		<b>Medicare: Y or N</b>	
<b>Patient Mailing Address:</b>			
<b>Brief Summary of Incident:</b>			
<b>Actions taken to date to address/resolve situation:</b>			
<b>Payment Issues (If applicable):</b>			
<b>Is referring physician enrolled in the Early Resolution Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>For Internal Use Only Below</b>			
<input type="checkbox"/> <b>Physician discussed patient with Program Administrator (Required before discussion with Patient)</b>			
<input type="checkbox"/> <b>Physician discussed program with Patient</b>			
<input type="checkbox"/> <b>Patient Information Sheet explained and given to patient</b>			
<b>Program Administrator:</b>			<b>Will open file at this time</b>
<b>Initial contact person at MPIE:</b>			<b>Requested copy of records</b>

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.

Please send completed form to [claimintake@mpie.org](mailto:claimintake@mpie.org) or fax to 616-828-0111