

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.)

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

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 or fax to 616-828-0111