MEDICAL MUTUAL®

Continuity of Care

Responsibilities of the Referring Provider

When Requesting a Consultation

Before a consultation takes place, be sure the consulting provider has all necessary clinical information:

1. Reason for the consultation request
2. Relevant clinical data
3. Scope of consultant's role (e.g., follow-up care or consultation only)
4. Preferred method(s) of communication from the consultant (e.g., fax, phone, mail, email)

A Patient Summary form is available to you to help you communicate the necessary patient information to the consultant. The form is available:

- On the back of this flier
- At Provider.MedMutual.com—select Tools & Resources > Forms > Clinical Supply Form
- By calling (800) 586-4523
- By emailing a request to ClinicalQuality@MedMutual.com

Responsibilities of the Consultant

Reporting Results to the Referring Provider

Please send a written summary of the consultation and findings to the referring provider within 14 days after the initial visit. Any preliminary report should be followed by a final report.

Prior Approval

Some procedures or services require prior approval. Go to Provider.MedMutual.com for a list of services requiring prior approval or that are considered investigational. Select Tools & Resources > Care Management > Prior Approval and Investigational Services.

Office Site and Medical Record Keeping

A Key Component of Quality Care

We have office site and medical record keeping standards available to providers for informational purposes only. These standards are intended to provide an overview of Medical Mutual's expectations. The Office Site and Medical Records Keeping standards are available on Provider.MedMutual.com > Tools & Resources > Care Management > Clinical Quality > Documentation Standards and Related Forms.

Expectations addressed in our standards include:

- Patient allergies or drug reactions are prominently noted in the medical record.
- Past medical history is documented.
- If depression is addressed, a standardized tool is used to screen patients.
- If alcohol abuse/dependence is addressed, a standardized tool is used to screen patients.
- Height and weight are documented.
- Body Mass Index (BMI) is documented annually.

We maintain strict privacy and confidentiality policies that state our commitment to treating members in a manner that respects their rights and protects the confidentiality of personal health information and records.

Patient Summary Form

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Referring and Consulting Providers: Please use this form to enhance coordination of care for your patient. You can complete this form online and distribute it electronically or print and distribute it by paper. Please complete the form below with your contact information and communication preferences.

Referring Provider Information			
Provider Name (First and Last)	Phone Number	Fax Number	
Street Address	City	State	ZIP

Consulting Provider Information			
Provider Name (First and Last)	Phone Number	Fax Number	
Street Address	City	State	ZIP

Patient Information		
Patient Name (First and Last)	Date of Birth	Communication Preference ☐ Phone ☐ Fax ☐ Mail
Diagnosis		
Clinical Findings and Diagnostic Tests		
Current Treatment Plan (including medications)		
Allergies		
Other		