



THE
**MEDICAL
 GROUP**
 OF OHIO

**Primary Care Physician Referral Form
 For Aetna Members Only**

To be completed by specialty physician office. Please print clearly.

Complete name of specialist who is referring the patient:

First: _____ Last: _____

Specialist's phone number: _____

Complete name of MGO primary care physician to whom you are referring the patient:

First: _____ Last: _____

Patient's Name: _____

Patient's Address: _____

Patient's Phone Number: _____

Is this patient currently insured by Aetna? Yes _____ No _____

Please fax this form to OhioHealth Group at 614-566-0421. You will be given credit for making the referral and the information will be faxed to the primary care physician to whom you have referred the patient.



Information for Primary Care Physicians

This patient has been referred to you because he or she does not have an established relationship with a primary care physician. This patient is insured by Aetna and has received care from an MGO specialty care physician who participates in the Aetna PHO contract. The specialist has referred this patient to you as part of MGO's pay for quality program with Aetna.

You are being provided information to assist you if you wish to contact this patient and encourage him or her to schedule an appointment. You are not required to contact the patient, however we do ask that if the patient contacts your office you accept them as a new patient.

If you are not accepting new patients and you would like to have your name removed from the list of MGO primary care physicians who are accepting new Aetna patients please call Matt Barrett, MGO Director of PHO Contracts at 614-223-3333.