

# Polk HealthCare Plan (PHP) Specialty Referral Form

Must be submitted by a PHP Network Specialist

Submit the completed specialty referral form to Meritain Health, Inc.

Email to: [MRTN-FAXAEIRECEPTION@meritain.com](mailto:MRTN-FAXAEIRECEPTION@meritain.com)

Fax to: 602-789-9369

(NOTE: Do not send referral with the claim. Referrals should be sent to Meritain prior to claim submission.)

To verify eligibility and benefit limits call:

Meritain 1-888-850-8222

Meritain Group No. 15875

Date of Request:

Specialty Referral Effective Date: 10/1/25 – 9/30/26

MEMBER INFORMATION			
Name:		Address:	
DOB:		City/State/Zip:	
Member SSN#:		Telephone:	
PHP Member ID#:		Plan Type: Essential Care <input checked="" type="radio"/> Chronic Care <input type="radio"/>	
SERVICE REQUESTED			
Name of Body Part: (Right, left, OR bilateral)			
Reason for Referral:			
ICD-10:			
PROVIDER INFORMATION			
Referred From:		Referred To:	
Name of PCP      Specialist :		Provider Name:      Specialist      Facility	
Tax ID:		Tax ID:	
Contact Person:		Specialty:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Tel:	Fax:	Tel:	Fax:
Reminder: All medically necessary labs should be sent to LabCorp.			



**Polk HealthCare Plan Contact:**

Paula McGhee, Provider Services Manager  
2135 Marshall Edwards Dr. Bartow, Florida 33830  
Phone: (863) 519-2003

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