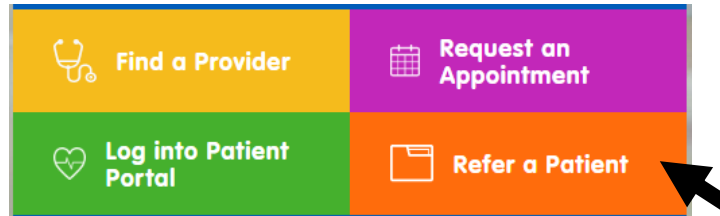


## Submit a Referral

\*\*Note: You must use [Google Chrome](#) to submit an online referral\*\*


1. Navigate to the Children’s Mercy Provider Portal by going to [childrensmercy.org](https://childrensmercy.org) and click on “Refer a Patient”.



2. Select a specialty clinic you wish to refer to, then click the link to complete the “New Patient Appointment Form”.

Step 1 Complete Form	Step 2 Review and Schedule
Complete the <a href="#">New Patient Appointment Form</a> . <b>For best results, please use Google Chrome.</b>	The Children's Mercy Contact Center will call the patient within 2 business days to schedule.  Scheduled and requested appointment status can be found on the Wednesday referral reports.

3. Please note:



For consult requests requiring a patient to be seen in less than 3 days, please call 1-800-GO-MERCY (1-800-466-3729) and ask for an urgent appointment.

4. Choose a specialty clinic from the drop down menu. Depending on the specialty selected, you will then choose a reason for consult. Once you have selected both a specialty clinic and a reason for consultation, click “Add”.

Specialty

Ear, Nose & Throat

Reasons for Consultation


Otitis media (ear infection)

Add



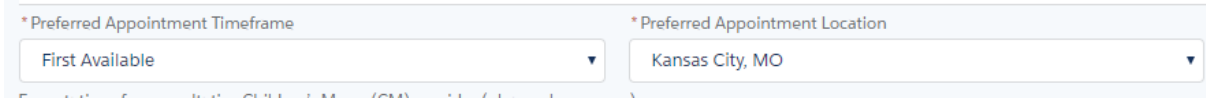
5. You now see the specialty and reason for consult have been added to the referral. Be sure to include additional information under “Patient Symptoms”.

Selected Specialty and Diagnosis			
SPECIALTY	REASONS FOR CONSULTATION	PATIENT SYMPTOMS	ACTION
Ear, Nose & Throat	Otitis media (ear infection)	recurrent ear infections, eval for possible tubes	<span style="background-color: #c00; color: white; padding: 5px 10px; border-radius: 3px;">Del</span>



6. You may add multiple consult requests by repeating steps 4-5.

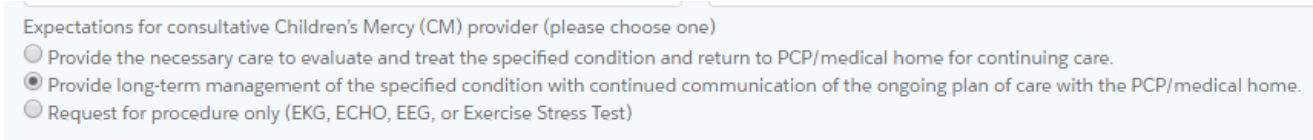
7. Select the preferred appointment time frame and the preferred Children’s Mercy location.



\* Preferred Appointment Timeframe: First Available

\* Preferred Appointment Location: Kansas City, MO

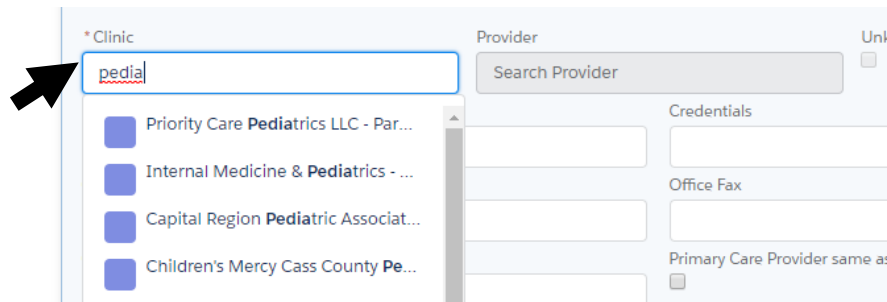
8. Select the expectations for consultative care.



Expectations for consultative Children’s Mercy (CM) provider (please choose one)

- Provide the necessary care to evaluate and treat the specified condition and return to PCP/medical home for continuing care.
- Provide long-term management of the specified condition with continued communication of the ongoing plan of care with the PCP/medical home.
- Request for procedure only (EKG, ECHO, EEG, or Exercise Stress Test)

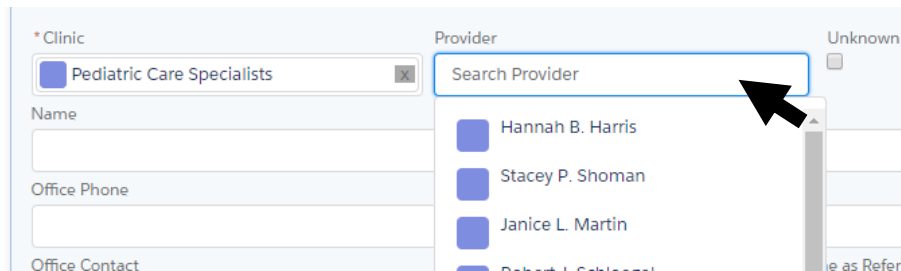
9. Under “Clinic” begin typing in the name of your practice. A list of search results will appear and allow you to select your practice from the list. If you cannot find your clinic’s name, email [mmdominiak@cmh.edu](mailto:mmdominiak@cmh.edu) to get it added.



\* Clinic: pediat

- Priority Care Pediatrics LLC - Par...
- Internal Medicine & Pediatrics - ...
- Capital Region Pediatric Associat...
- Children's Mercy Cass County Pe...

10. Once the clinic has been selected, a list of providers associated with that practice will appear. Select the referring provider.

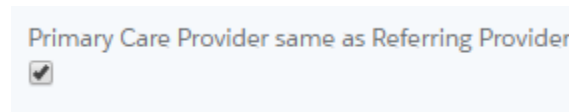


\* Clinic: Pediatric Care Specialists

Provider: Search Provider

- Hannah B. Harris
- Stacey P. Shoman
- Janice L. Martin

11. Enter in the office phone number, as well as the office contact, if applicable. You may also indicate if the referring provider is the same as the primary care provider by checking the box.



Primary Care Provider same as Referring Provider

12. The primary care provider’s information will auto-populate. If the primary is different from the referring, please type in the primary care physician’s first and last name with their credentials.

**PRIMARY CARE PROVIDER**

Name Hannah B. Harris	Credentials ARNP
--------------------------	---------------------

13. Enter in patient information. Fields with a red asterisk indicate the information is required.

**PATIENT INFORMATION**


* First Name Kelsey	* Last Name Zzpmtest		
* Date of Birth 11/11/2011	* Gender Female	Height (In Inches)	Weight (In Lbs)
* Preferred Phone (913) 123-4567			

14. Next, enter in parent/guardian information.

**PARENT/GUARDIAN INFORMATION**

* First Name Mommy	* Last Name Zzpmtest	
* Relationship Mother	Preferred Language English	
* Primary Address 1234 SUNSHINE RD		
* City KANSAS CITY	* State Missouri	* Zip 64108
Preferred Email Address MOMMY@EMAIL.COM		

15. Select the name of the patient's insurance plan from the drop-down menu. Please note: insurance plans that are out-of-network with Children's Mercy will appear with the following indicator:

\* Primary Insurance  
Blue Cross Blue Shield Blue Select Out of Network 

16. Once insurance plan has been selected, complete the rest of the insurance fields including the subscriber's name and date of birth.

**INSURANCE INFORMATION**

* Primary Insurance Blue Cross Blue Shield OF KANSAS ✓	Other
Policy # ABC123456789	Group # 123
Policy Holder Name Mommy Zzpmtest	Policy Holder Date of Birth 07/07/1977
Authorization #	

17. Next, the referring provider will type in their name and check the box indicating they acknowledge this is their e-signature.

**SIGNATURE**


\* Printed Name (Provider)  
Test Provider

I acknowledge the above represents my electronic signature.

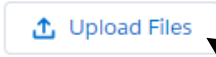
18. Click "Submit and Next" to attach patient documents.

**Submit And Next**

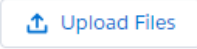
19. Please note:

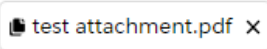
 **Please attach patient records, including supporting documents, relevant clinic notes, lab results and other documents necessary for patient evaluation.**  
5 files can be uploaded. Only PDF files are allowed. Maximum size per file is 2MB.

20. To attach patient documents, click "Upload Files" and browse your computer for the documents you wish to attach.



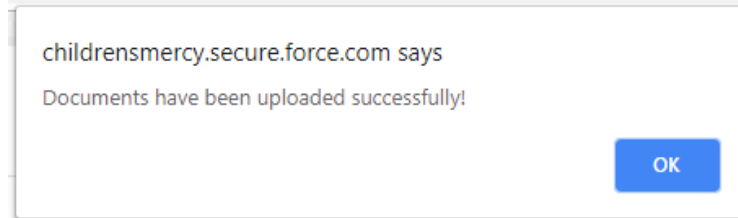
21. After all documents have been attached, click "Upload". If you do not have documents to attach, you may click "Skip".





**Upload** Skip

22. You will see a notification indicating documents have been uploaded. Click "OK".



23. Once referral has been submitted you will see the following message:

Success! Thank you for your referral to Children's Mercy. Your request has been submitted. A scheduling representative will be in touch with the patient within 2 business days to schedule an appointment. Should your patient not hear from us, please have them call (816) 234-3700 to speak to a scheduling representative.

## FAQs

Q: What if I want to save the referral form I just filled out?

A: To save the referral, you must do so **BEFORE** you click "Submit and Next". Save the referral by hitting Ctrl+S on your keyboard. This will allow you to save the referral to your computer. You will not be able to go back and save after you click "Submit and Next".

Q: What if I want to print the referral?

A: To print the referral, you must do so **BEFORE** you click "Submit and Next". Print the referral by hitting Ctrl+P on your keyboard. You will not be able to go back and save after you click "Submit and Next".

Q: I am having trouble finding my practice on the "Clinic" drop-down menu, but I know it should be there. What do I do?

A: First, make sure you have the exact spelling of the practice name, including punctuation (hyphens, apostrophes, etc.). If you are still unable to find, email [mmdominiak@cmh.edu](mailto:mmdominiak@cmh.edu) to add your practice.

Q: Can I print the referral form and fax it in instead?

A: After you fill out the online referral form, you may print a copy for your own records; however, we do recommend that you follow the online referral process as detailed above. Please keep in mind, referrals submitted online are immediately available for processing, eliminating delays that can occur when faxing. Online referrals will also appear immediately after submission on the Referral Status Report, whereas faxes may take up to 48 hours.

For help with other questions or issues regarding referral submissions, please contact Michelle Dominiak at [mmdominiak@cmh.edu](mailto:mmdominiak@cmh.edu).