PRESCRIBER TRANSFER REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
HUMAN SERVICE CENTERS
SFN 336 (8-2019)

All North Dakota Human Service Centers are dedicated to offering quality and affordable healthcare. While we will try to accommodate as much as possible, we may not be able to guarantee individual provider preference. We realize that there may be instances where transition of care to another provider may be in the client's best interest. In the event a patient feels a transition to another provider is necessary, we would ask that they indicate their need in writing. Medical Services staff will review the request and communicate with the patient as soon as a decision has been determined.

If a patient feels that it is medically necessary to see an alternate psychiatrist they will need to submit a written request and will be notified of the decision by any of the means of communications noted below. Discussion by medical services staff and determination of the outcome of the request will occur at the first monthly provider's meeting where a majority of providers are present. If a transfer request is accepted by the department, the patient will be transferred to an alternate provider in a rotating fashion based on clinician availability.

Date	Name of Client	Date of Birth

Current Prescriber

Do you have a current case manager? ☐ No ☐ Yes - Provide their name:

Do you have a therapist? ☐ No ☐ Yes - Provide their name:

We may consult with members of your treatment team to determine the nature, medical necessity, and urgency of your request. Identify any other team members who you work with closely.

Name	Name

MEDICAL NECESSITY RATIONALE FOR TRANSFER

Client or Staff Signature (A typed signature is legally binding and equivalent to a handwritten signature)

FOR DEPARTMENT USE ONLY

Name of Client	MRN

Date of Decision	Transfer accepted? ☐ No ☐ Yes - to whom?

Client Notified of Decision

	By	Date Notified
☐ Phone call to patient		
☐ Notification of case manager/therapist		
☐ Letter written		
☐ Avatar note entered		
☐ Scheduling support staff notified		

Notes