



# Bullhook Community Health Center

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## POLICY AND PROCEDURE

### REFERRAL ASSISTANCE PROGRAM

3024

The referral assistance program is designed to assist Bullhook Community Health Center patients obtain medically necessary dental or mental health treatment. This program is to be used in conjunction with appropriate medical care at BCHC.

1. The provider will determine the medical necessity of this referral care and direct the patient to the appropriate clinical staff for coordination.
2. The provider designee will coordinate and complete a referral for services.
3. The provider designee will then schedule the appointment with a provider and discuss any transportation issues.
4. After the appointment, the provider designee will contact the referral provider to ensure a copy of the treatment report is sent to BCHC for inclusion in the patient file.
5. If the patient fails to report for the appointment at the scheduled time, the provider designee will contact him/her to discover the reason for the no-show. If the patient cannot give a satisfactory explanation for the no-show, the provider designee will inform him/her that the referral is void and the patient must return to BCHC for another referral from the provider. A patient who no-shows twice will not be given another referral.
6. The Executive Staff (Chief Medical Officer, Chief Dental Officer, Chief Financial Officer and Chief Executive Officer) will evaluate the cost and number of referrals issued periodically in order to determine compliance and to maintain fiscal management.

*Audrey Smith*  
 CHIEF EXECUTIVE OFFICER

Date: 1-12-11

*[Signature]*  
 CHIEF MEDICAL OFFICER

Date: 3-7-11

*William [Signature]*  
 CHIEF DENTAL OFFICER

Date: 3/11/2011

*[Signature]*  
 CHAIR, BOARD OF DIRECTORS

Date: 1, 19, 11

Date: \_\_\_\_\_  
Approved by Compliancy/Policy Committee

Date: 2007  
Approved by Board of Directors