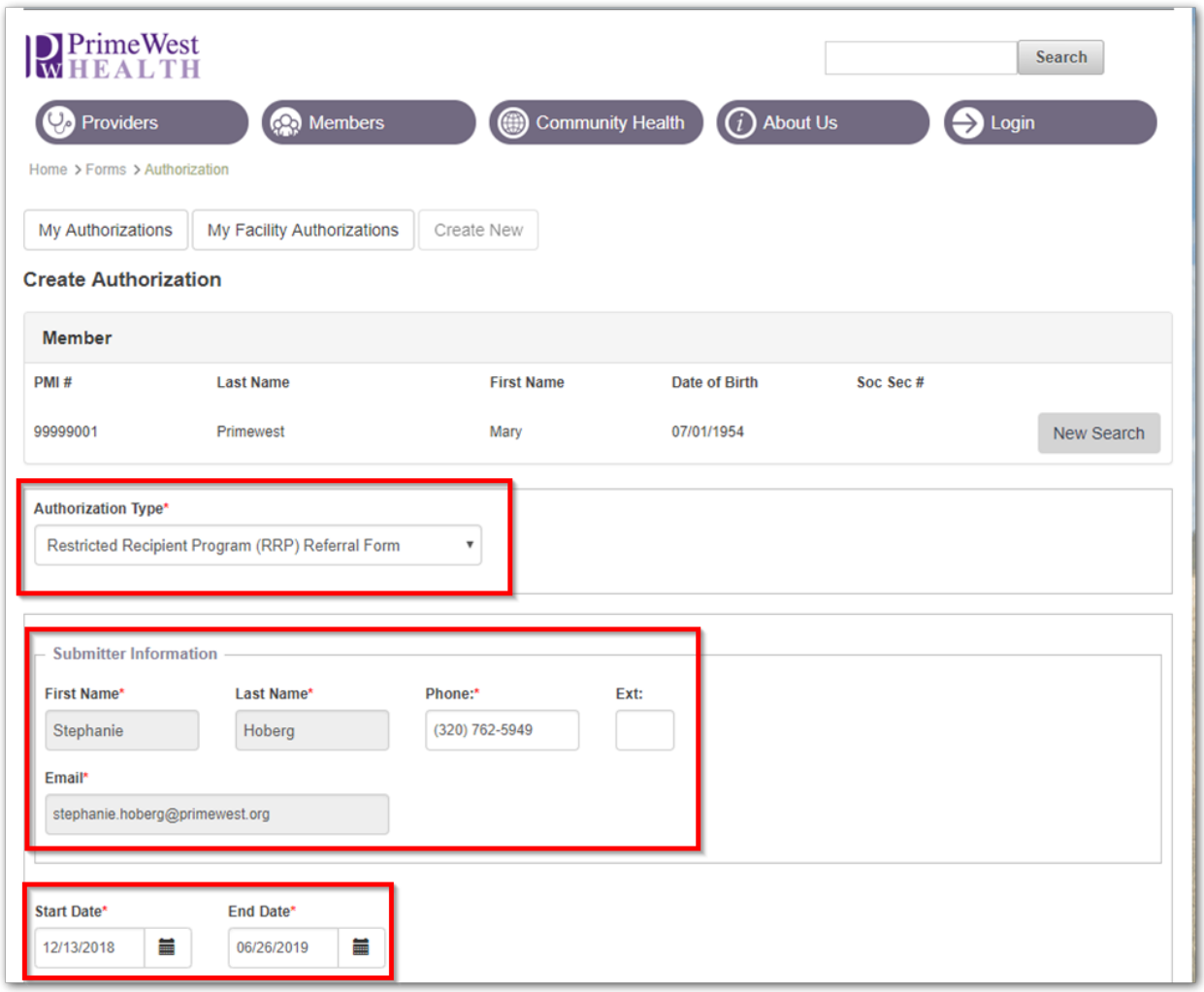
Restricted Recipient Program

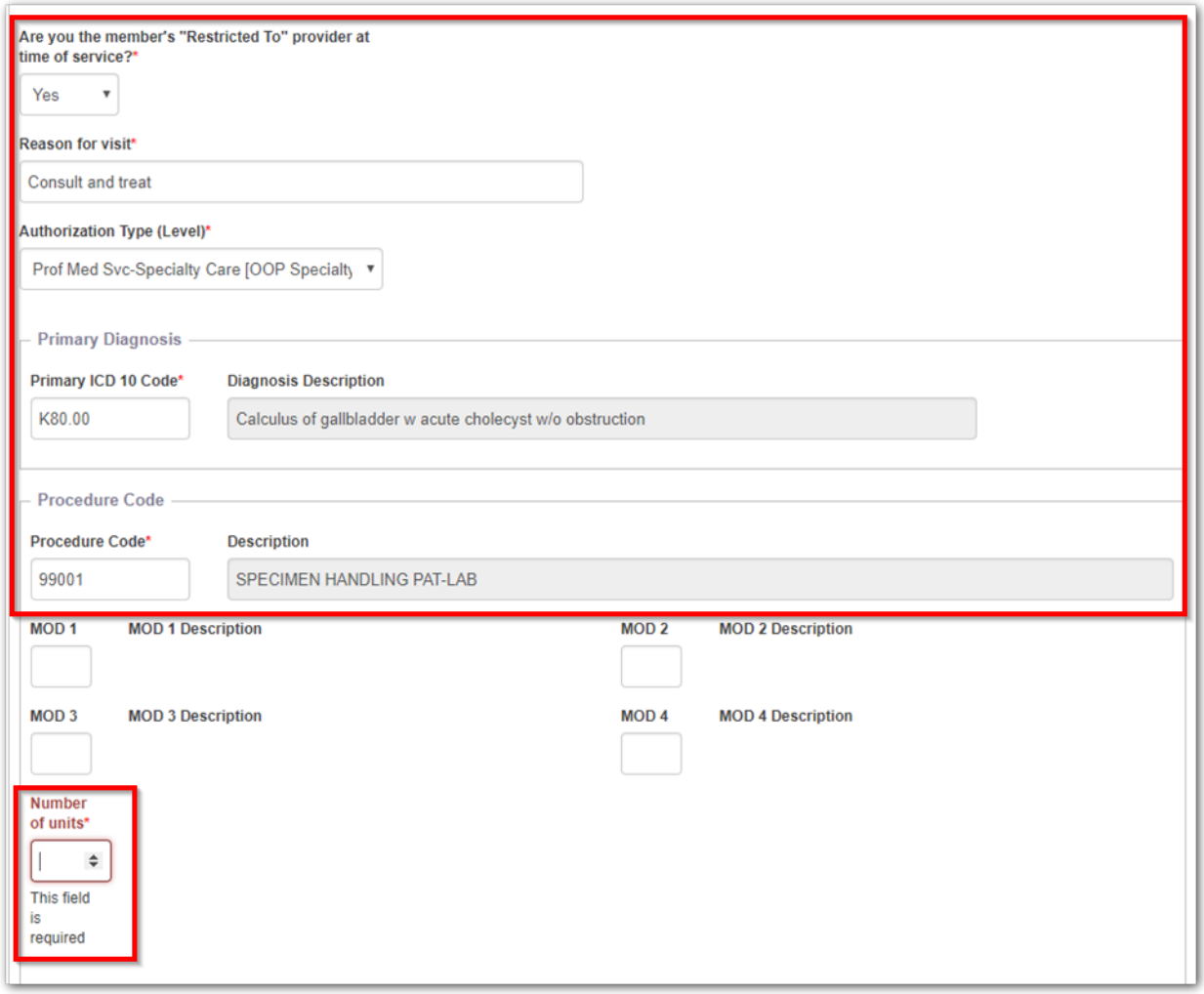
Create a new Authorization or edit Member information (see *Getting Started*).
Note: All fields with a red asterisk are required.

Select Restricted Recipient Program (RRP) Referral Form from the *Authorization Type* dropdown menu and fill out *Submitter Information* in full.

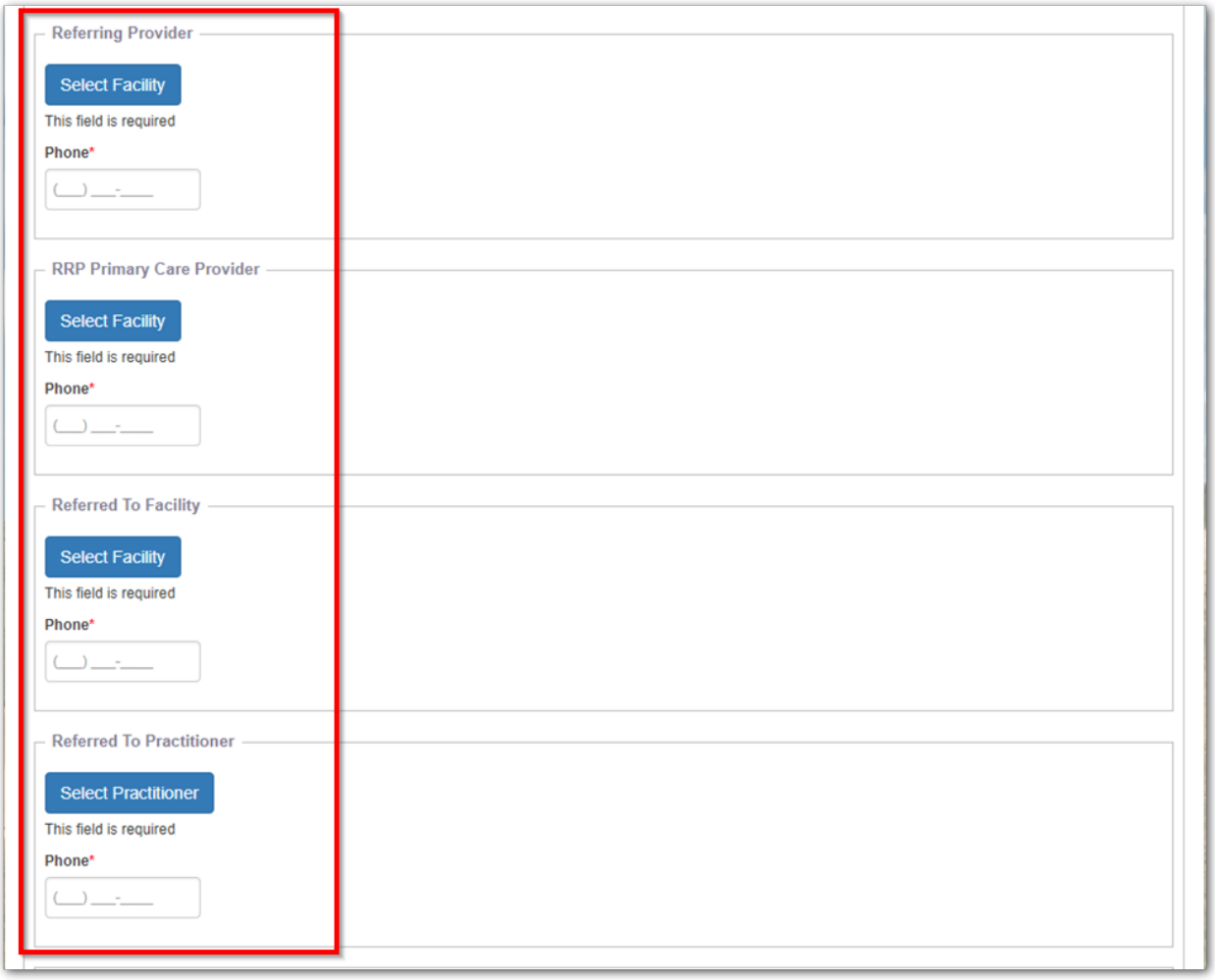


Fill out required fields for all services and procedures allowed.

Required fields when creating a Service Authorization



Fill out fields for all *Referring*, *RRP Primary Care*, and *Referred To* providers.



Indicate whether the *Referred To Practitioner* is authorized to prescribe medications.

When the form is complete, attach supporting documentation and click *Submit*.