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*. 