

**Hennepin Health**

Print Form

**Minnesota Restricted Recipient Program (MRRP)****Medical Referral for MRRP Enrollee *For restricted provider only***

Date:

To insure proper payment to the referral provider, the primary care physician must fax or mail this medical referral from immediately to the Minnesota Restricted Recipient Program

## Section I: MRRP Enrollee Information

Recipient Name:

PMI Number

**Section II: Primary Physician**

Primary Physician:

Provider I.D. #

Street Address:

Phone Number:

City

State:

Zip Code:

**Section III: Referral Information**

Referring To

Specialty:

Clinic Name

Clinic I.D. #

Street Address:

Phone Number:

City

State:

Zip Code:

Reason for Referral

Start Date

End Date

Primary Physician Signature and date

Please mail this form to:

Hennepin Health  
400 South 4th Street, Ste 201  
Minneapolis, MN 55415

Or Fax to:  
612-677-6222



**Hennepin  
Health**

If you have any questions, please call Hennepin Health's Provider Services: 612-596-1036

This information is available in other forms to people with disabilities by contacting us at 651-431-2648 (voice) or toll free 1 800 567-3674. TTY/TTD users can call the Minnesota Relay Service at 711 or 1 800 627-3529. For Speech to Speech Relay call 1 877 627-3848