

# Referral Portal Instructions

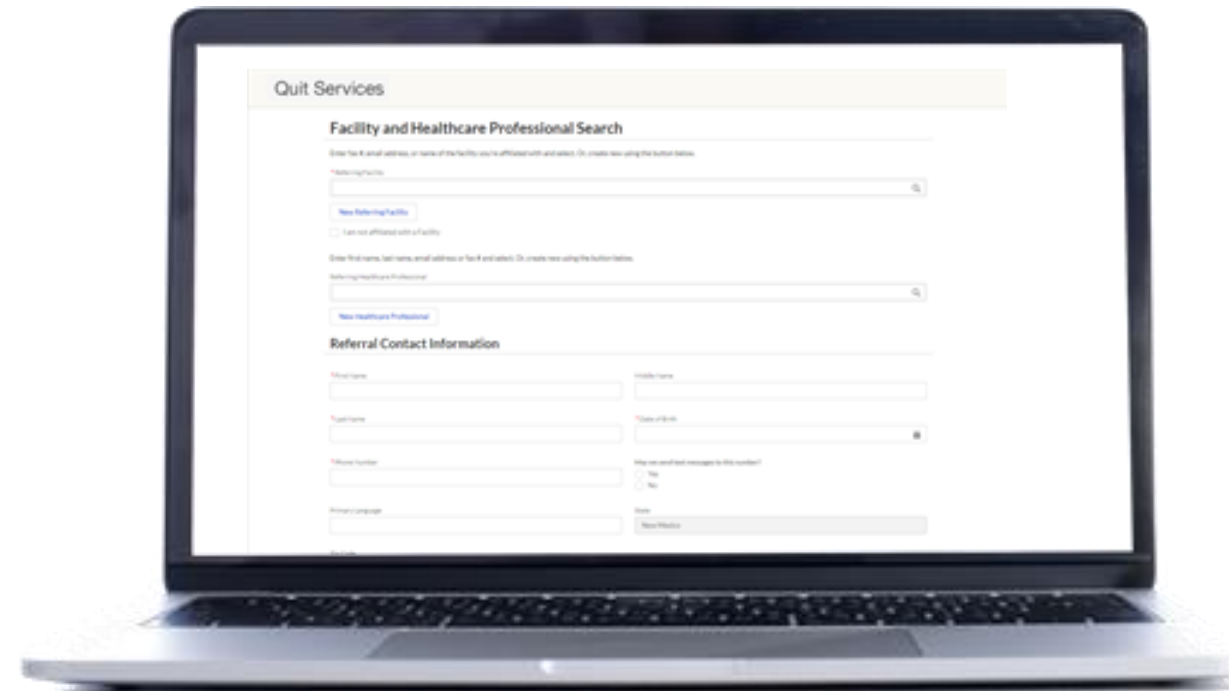
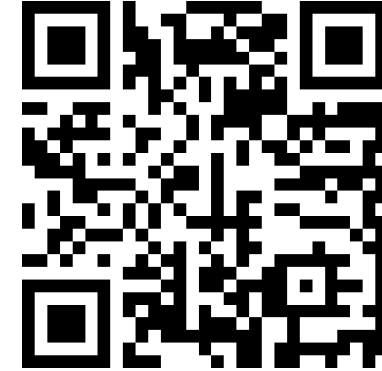
A referral portal was set up to make it easy for busy Care Teams to make referrals to AL Quitline.

- No implementation cost.
- Requires completing and submitting an online form for the referral.

Access the Provider Referral Portal at

<https://q4l.force.com/referral/s/> or use this QR Code.

1. Choose state patient lives
2. Search Facility info
  - Choose no NPI for easier searching



# Facility and Healthcare Professional Search

Search Referring Facility

☐ I am not affiliated with a Facility

Search Healthcare Professional

Fill out the member's information here.

## Referral Contact Information

\* First Name

\* Last Name

\* Phone Number

Primary Language

County

Middle Name

\* Date of Birth

State

Alabama

Zip Code

\* Would you like an Outcome Report on whether the patient enrolled, declined, or was unreachable?

Select Outcomes Report type

May we send text messages to this number?

☐ Yes

☐ No

☐ I confirm that the fax or email provided here is HIPAA compliant

Check if HIPAA Compliant and want to receive outcomes report (Do Not Want)

# Best Contact Times

When are good Weekday times to call?

- ☐ Mornings (8am - 12pm)
- ☐ Afternoons (12pm - 4pm)
- ☐ Evenings (4pm - 8pm)

When are good Weekend times to call?

- ☐ Mornings (8am - 12pm)
- ☐ Afternoons (12pm - 4pm)
- ☐ Evenings (4pm - 8pm)

## If your patient has any health conditions, use this section to pre-authorize NRT

\* Note: as patients have different benefits, using this form does not guarantee they will get free quit medications.

\* NRT Pre-Authorization

- ☐ No
- ☐ Yes

Indicate if quit medications are appropriate (NO)

Best time to contact patient


# Confirmation

\* ☐ By submitting this referral, you confirm that you obtained the patient's consent to be contacted by Quit for Life at the phone number provided.

To complete the referral, click the Confirmation, the Captcha, and click Submit. AL Quitline will contact your member within 48 hours.

☐ I'm not a robot

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Cancel

Submit