



Online Referral Portal: Referral Partners have a NEW way to enroll tobacco users in QuitlineNC

<https://q4l.force.com/referral/s/> (bookmark this page!)

1

To start sending referrals using the online portal

Choose your patient's state of residence and confirm the state when prompted

Choose the state where the referred patient lives

Select a State ▼


- Missouri
- New Jersey
- New Mexico
- North Carolina**
- Oklahoma
- Oregon
- South Carolina
- Texas
- Virginia
- Washington
- Wisconsin

A screenshot of a web form titled "Choose the state where the referred patient lives". It features a dropdown menu with the placeholder text "Select a State" and a downward arrow. The menu is open, showing a list of states: Missouri, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, and Wisconsin. The "North Carolina" option is highlighted with a light blue background and a red rectangular border.

2

Click “Search Referring Facility” (or indicate that you are not affiliated with a facility)

Quit Services



Facility and Healthcare Professional Search

[Search Referring Facility](#)

I am not affiliated with a Facility

[Search Healthcare Professional](#)

Referral Contact Information

* First Name

Middle Name

* Last Name

* Date of Birth

* Phone Number

May we send text messages to this number?

Yes
 No

Primary Language

State

North Carolina

<https://www.optum.com>

3

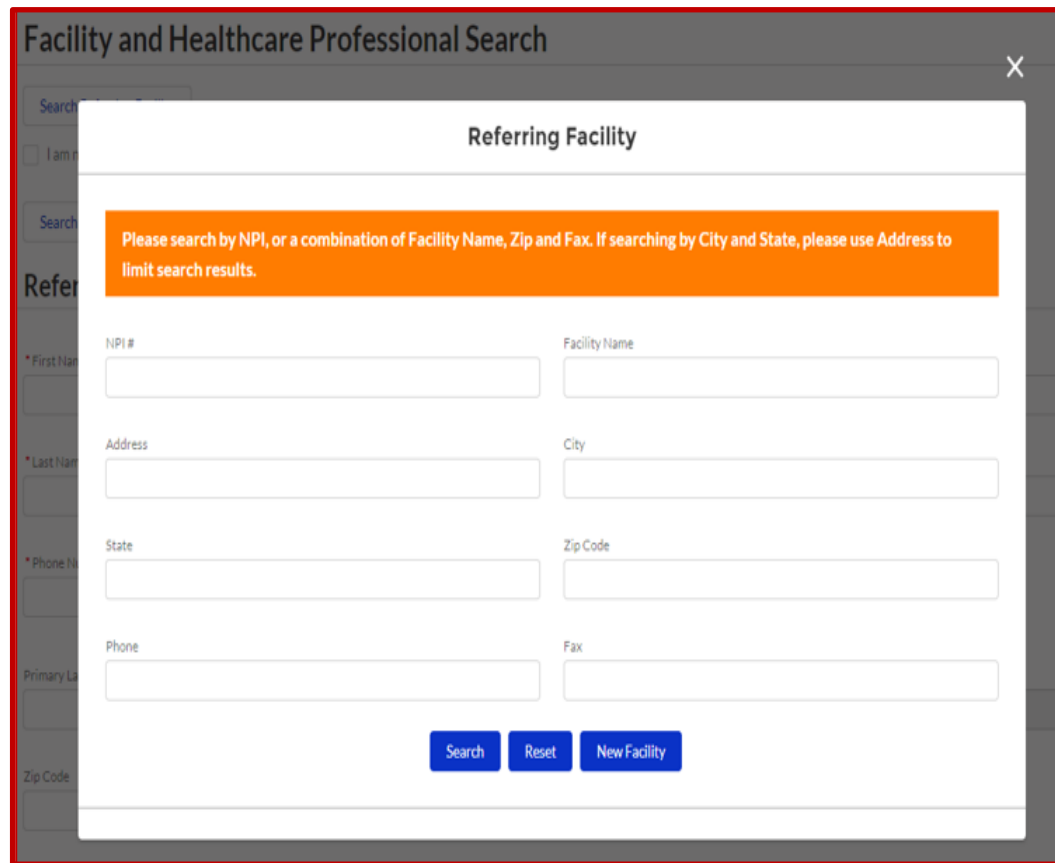
Search for the facility with which you are affiliated.

It can be done by your facility's NPI number, enter it and click "SEARCH."

OR

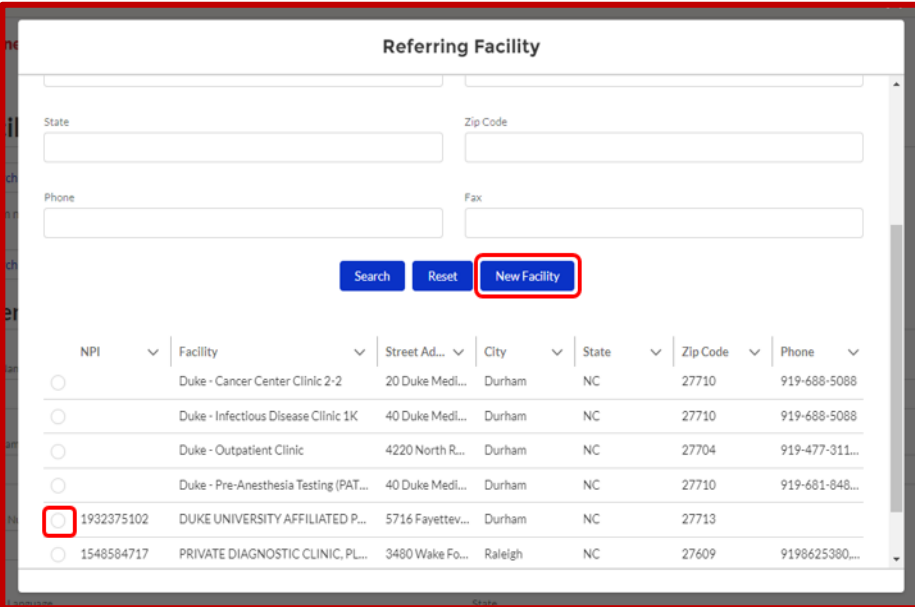
Search for your facility by a combination of facility name, ZIP code, and/or fax number.

Note: You do NOT need an NPI number to be a Referring Facility.

A screenshot of a web application window titled "Facility and Healthcare Professional Search". The window has a close button (X) in the top right corner. Below the title bar, there is a search bar and a "Refer" button. The main content area is titled "Referring Facility" and contains an orange instruction box: "Please search by NPI, or a combination of Facility Name, Zip and Fax. If searching by City and State, please use Address to limit search results." Below this are several input fields: "NPI #", "Facility Name", "Address", "City", "State", "Zip Code", "Phone", and "Fax". At the bottom of the form are three buttons: "Search", "Reset", and "New Facility".

4

Scroll to select from the search results. If found then select the option. But, if there is no match, then click “New Facility.”



Referring Facility

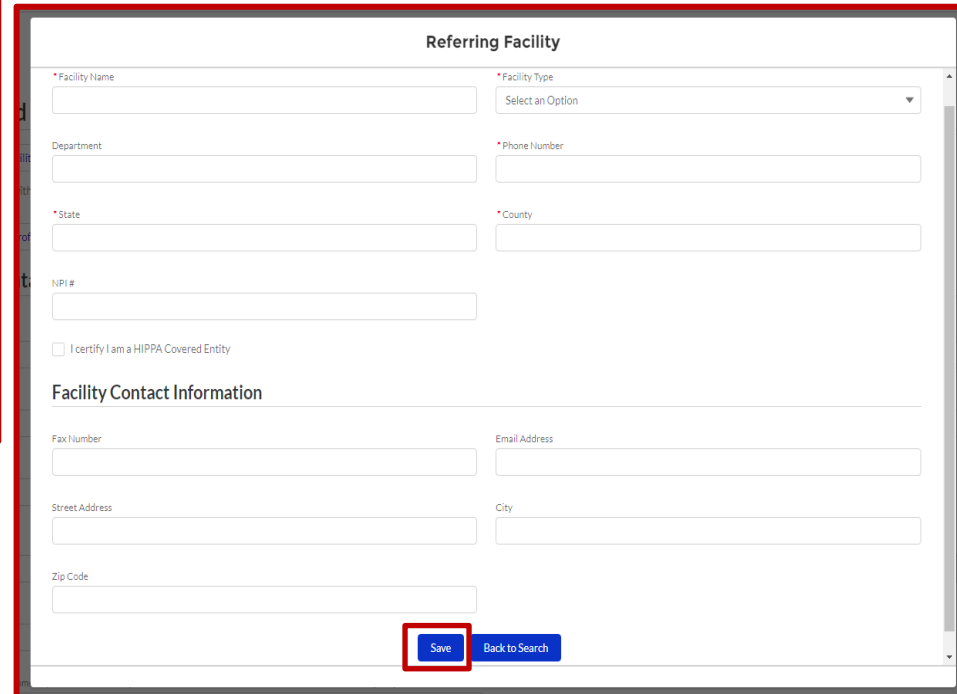
State Zip Code

Phone Fax

NPI	Facility	Street Ad...	City	State	Zip Code	Phone
<input type="radio"/>	Duke - Cancer Center Clinic 2-2	20 Duke Medi...	Durham	NC	27710	919-688-5088
<input type="radio"/>	Duke - Infectious Disease Clinic 1K	40 Duke Medi...	Durham	NC	27710	919-688-5088
<input type="radio"/>	Duke - Outpatient Clinic	4220 North R...	Durham	NC	27704	919-477-311...
<input type="radio"/>	Duke - Pre-Anesthesia Testing (PAT...	40 Duke Medi...	Durham	NC	27710	919-681-848...
<input checked="" type="radio"/>	1932375102 DUKE UNIVERSITY AFFILIATED P...	5716 Fayettev...	Durham	NC	27713	
<input type="radio"/>	1548584717 PRIVATE DIAGNOSTIC CLINIC, PL...	3480 Wake Fo...	Raleigh	NC	27609	9198625380,...

5

If “New Facility” is applicable, then complete the information about your facility. Make sure to fill out all red asterisks and select save.



Referring Facility

* Facility Name * Facility Type

Department * Phone Number

* State * County

NPI#

I certify I am a HIPPA Covered Entity

Facility Contact Information


Fax Number Email Address

Street Address City

Zip Code

Healthcare Professionals can search by clicking “Search Healthcare Professional.” The process is the same as with searching a Referring Facility (i.e., search by NPI first, a combination of zip code, address, or/and fax number). Add a new record if no match is found. **NOTE: You do NOT need an NPI number to be a Referring Provider.**

Quit Services

QuitlineNC

Facility and Healthcare Professional Search

[Search Referring Facility](#)

I am not affiliated with a Facility

[Search Healthcare Professional](#)

Referral Contact Information

* First Name	Middle Name
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	<input type="text"/>
* Phone Number	May we send text messages to this number?
<input type="text"/>	<input type="radio"/> Yes
	<input type="radio"/> No
Primary Language	State
<input type="text"/>	North Carolina

<https://www.optum.com>



7

Complete the referral form with your patient's information and indicate if (and how) you would like to receive an outcome report for the referral.

Referral Contact Information

* First Name Middle Name

* Last Name * Date of Birth

* Phone Number May we send text messages to this number?
 Yes
 No

Primary Language State

Zip Code

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

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)

* Would you like an Outcome Report on whether the patient enrolled, declined, or was unreachable? Please select your preferred method.

Select Outcomes Report type

Fax

Email

Do Not Want

Once you have completed the form (and verified that you are not a robot), click 'Submit'. Thank you for referring your patient to their state's quit services!

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

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.

 I'm not a robot



Cancel

Submit

9

If you have any questions please reach out to:

Contact Information

Mariam Ali at mariam.ali@dhhs.nc.gov

OR

Joyce Swetlick at joyce.swetlick@dhhs.nc.gov