

Requesting Provider Information

Requesting Provider **Telephone** Number: () - Attachments – Number of Pages: _____

Requesting Provider **Fax** Number: () - Service Type: Specialty Referral

Contact Name: _____ Outpatient

Requesting Provider/Facility Name: _____ Inpatient

Physician State License #: _____ DME

Billing Tax ID #: _____ Home Health

Requesting Provider NPI: _____ IV Therapy

Is the Requesting Provider Performing the Service? Yes No PHP

Correspondence Preference: Fax (fill-in Fax # above) Email Address _____ US Mail

Patient Information (Please complete all fields)

Sponsor SSN: - - Patient Date of Birth (mm/dd/yyyy): / /

Patient Name (Last, First, MI): _____

Patient Address: _____ Zip Code _____

Street City State

Patient Home Phone: () -

Other Health Insurance? No Yes If Yes, Insurance Name & Policy #: _____

Servicing Physician/Provider Information (Complete this section if the Requesting Provider is Not Performing the Service)

Servicing Physician/Provider Name: _____ Phone: () -

Specialty: _____ Fax: () -

Servicing Provider NPI: _____ Phone: () -

Facility Name (If Applicable): _____ Fax: () -

Address: _____ Zip Code: _____

Street City State

Requested Service Information (Complete as many sections as required)

Anticipated Date of Service (mm/dd/yyyy): / / Request Priority: Routine Urgent

Diagnosis: ICD-9 Code: - Description: _____

ICD-9 Code: - Description: _____

Service 1: CPT/HCPC/NDC Code: _____ Description: _____

Number of Visits: _____ Frequency: Daily Weekly Monthly Duration: _____ Days Weeks Months

Additional Services (if necessary)

Service 2: CPT/HCPC/NDC Code: _____ Description: _____

Number of Visits: _____ Frequency: Daily Weekly Monthly Duration: _____ Days Weeks Months

If DME: Purchase Rental

Service 3: CPT/HCPC/NDC Code: _____ Description: _____

Number of Visits: _____ Frequency: Daily Weekly Monthly Duration: _____ Days Weeks Months

If DME: Purchase Rental

Clinical History/Previous Treatment/Plan of Treatment, supporting lab/x-ray reports, etc.

Complete These Sections for Specialty Referrals

Complete These Additional Sections for all Other Request Types