

Outpatient Infusion Clinic Patient Referral Form

Complete this form after prior authorization from patient's insurance carrier

Patient Name: _____ DOB: _____

Medication: _____ Dosage: _____ Frequency: _____

Prior authorization decision from insurance (circle one): Approved | Not Required

Prior authorization reference #: _____

Paperwork from insurance carrier is necessary even if prior authorization is "Not Required"
Verbal authorization cannot be accepted even if "Not Required"

Physician (Printed) Name: _____

Contact Phone Numbers: _____

Fax this completed form to 337-594-1290

You MUST also include:

- Office notes within the past year, including documentation of treatment, ICD-10 code and diagnosis
- Patient's labs pertinent to therapy:
 - Labs must be within 7 days for monthly therapy
 - Labs must be within 30 days for 6-month therapy
- Current medication list
- Insurance information (demographics or front/back copy of card)
- Copy of patient's photo ID
- All prior authorization paperwork (verbal authorization not accepted)
 - Paperwork must indicate start and end date of treatment
- If patient is to receive Prolia/Evenity/Reclast, then a recent copy of Bone Density Scan (within 2 years of appt.) is required

Please call us with any questions at (337) 678-4856.