REFERRING OFFICE, ALSO FAX:

- Order
- Most recent labs
- Supporting clinical notes

Referral Checklist

IVX HEALTH

Learn more at www.ivxhealth.com/referrals

NOTE: When sending a referral, the Referral Checklist is not required. The information specified must be included, either on this form or on attached documentation. IVX Health recommends using its therapy-specific order forms to accelerate prior authorization.

[ ] Patient Demographics

[ ] **Patient demographics attached (If YES, you may skip the Patient Demographics section.)**

Patient Name _____ DOB _____ Gender _____

Address _____ Email _____

City, State, Zip Code _____ Home Phone _____

Enrolled in Funded Program? ____ Yes ____ No ____ N/A Mobile Phone _____

[ ] Patient is interested in patient support programs

[ ] Patient Insurance

[ ] **Front and back of insurance card attached (If YES, you may skip the Patient Insurance section.)**

Primary Payer _____ Group # _____

Subscriber Name _____ ID # _____

Secondary Payer _____ Group # _____

Subscriber Name _____ ID # _____

[ ] Order, Diagnosis, and Clinical Information

[ ] **Order, Diagnosis and Clinical Information attached**

(Go to *www.ivxhealth.com/referrals* to download a therapy-specific order form and review the supporting clinicals.)

[ ] Contact Information*

[ ] **Contact Information attached (If YES, you may skip the Contact Information section below.)**

Contact Name _____ Practice Name _____

Title _____ Phone _____ Email_____

IVX HEALTH FAX NUMBERS

- ☐ ARKANSAS: 501-451-5644
- ☐ AUSTIN: 512-772-2824
- ☐ BAY AREA: 844-889-0275
- ☐ CHARLOTTE: 336-663-0143
- ☐ CHICAGO: 312-253-7244
- ☐ CINCINNATI: 844-946-0868
- ☐ COLLEGE STN: 979-205-4686
- ☐ COLUMBUS: 844-627-2675
- ☐ CONNECTICUT: 860-955-1532
- ☐ DALLAS: 469-947-6114
- ☐ DAYTONA: 386-259-6096
- ☐ DELAWARE: 302-596-8553
- ☐ EAST TN/TRI-CITIES: 615-425-7427
- ☐ FT. LAUDERDALE: 754-946-2052
- ☐ HARRISBURG: 844-859-4235
- ☐ HOUSTON: 832-631-9595
- ☐ INDIANAPOLIS: 844-983-2028
- ☐ JACKSONVILLE: 904-212-2338
- ☐ KANSAS CITY: 844-900-1292
- ☐ LAKELAND: 863-316-3910
- ☐ MELBOURNE: 321-800-9515
- ☐ MIAMI: 786-744-5687
- ☐ MIDDLE/WEST TN: 888-615-1445
- ☐ NORTH CENTRAL FL: 352-756-4191
- ☐ NORTH JERSEY: 551-227-2823
- ☐ NYC: 332-334-0809
- ☐ ORLANDO: 844-946-0867
- ☐ PALM BEACH: 561-768-9044
- ☐ PHILADELPHIA: 844-820-9641
- ☐ PIEDMONT TRIAD: 336-790-2200
- ☐ RALEIGH: 919-287-2551
- ☐ SAN ANTONIO: 726-238-9950
- ☐ SARASOTA: 941-870-6550
- ☐ SOUTH JERSEY: 856-519-5309
- ☐ SOUTHWEST FL: 813-283-9144
- ☐ TAMPA: 844-946-0849
- ☐ WACO: 254-343-7650