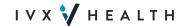
REFERRING OFFICE, ALSO FAX:

Order

Referral Checklist Most recent labs



Supporting clinical notes Learn more at <u>www.ivxhealth.com/referrals</u>

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. $IVX\ Health\ recommends\ using\ its\ \underline{therapy\text{-specific order forms}}\ to\ accelerate\ prior\ authorization.$

[] 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	PhoneEmail				

FAX NUMBERS	☐ CONNECTICUT: 860-955-1532	☐ INDIANAPOLIS: 844-983-2028	☐ MIDDLE TN: 888-615-1445	☐ PIEDMONT TRIAD: 336-790-2200
☐ BAY AREA: 844-889-0275	☐ DAYTONA: 386-259-6096	☐ JACKSONVILLE: 904-212-2338	☐ NORTH CENTRAL FL: 352-756-4191	☐ RALEIGH: 919-287-2551
☐ CHARLOTTE: 336-663-0143	☐ DELAWARE: 302-596-8553	☐ KANSAS CITY: 844-900-1292	☐ NORTHWEST AR: 888-615-1445	☐ SARASOTA: 941-870-6550
☐ CHICAGO: 312-253-7244	☐ EAST TN: 615-425-7427	☐ LAKELAND: 863-316-3910	☐ ORLANDO: 844-946-0867	☐ SOUTHWEST FL: 813-283-9144
☐ CINCINNATI: 844-946-0868	☐ FT. LAUDERDALE: 754-946-2052	☐ LITTLE ROCK: 501-451-5644	☐ PALM BEACH: 561-768-9044	□ тамра: 844-946-0849
☐ COLUMBUS: 844-627-2675	☐ HARRISBURG: 844-859-4235	□ міамі: 786-744-5687	☐ PHILADELPHIA: 844-820-9641	☐ WEST TN: 888-615-1445