

REFERRING OFFICE, ALSO FAX:

- Order
- Most recent labs
- Supporting clinical notes

Referral Checklist



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 _____

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 _____

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BAY AREA: 844-899-0275 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> WEST TN: 888-615-1445 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 |
| <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> SOUTHWEST FL: 844-946-0849 | <input type="checkbox"/> EAST TN: 888-615-1445 |