

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 _____

*Please list the contact information of the individual to reach if additional information is required to process the referral.

Designate the desired location and fax the order form to:

CALIFORNIA fax: (844) 889-0275 | ___ San Mateo ___ Fremont ___ San Ramon ___ TBD

ILLINOIS fax: (312) 253-7244 | ___ Glenview ___ Schaumburg ___ TBD

KANSAS / MISSOURI fax: (844) 900-1292 | ___ Overland Park, KS ___ Lee's Summit, MO ___ Briarcliff, MO ___ Kirksville, MO ___ TBD

OHIO fax: (844) 627-2675 | ___ Dublin ___ Reynoldsburg ___ TBD

PENNSYLVANIA fax: (844) 820-9641 | ___ Malvern ___ Bensalem ___ Montgomeryville ___ Harrisburg ___ Mechanicsburg ___ TBD

TENNESSEE fax: (844) 627-2518 | ___ Brentwood ___ Hendersonville ___ TBD