

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 _____

REQUIRED: Designate the desired location and fax the order form to:

CHICAGO: 312-253-7244 ___ Glenview ___ Schaumburg ___ Lombard ___ Naperville

TAMPA: 844-946-0849 ___ Brandon ___ Carrollwood ___ Wesley Chapel

KANSAS CITY: 844-900-1292 ___ Overland Park ___ Lee's Summit ___ Briarcliff

ORLANDO: 844-946-0867 ___ Altamonte Springs

PHILADELPHIA: 844-820-9641 ___ Malvern ___ Bensalem ___ Montgomeryville

COLUMBUS: 844-627-2675 ___ Dublin ___ Pickerington

HARRISBURG: 844-859-4235 ___ East Shore ___ West Shore

CINCINNATI: 844-946-0868 ___ Colerain ___ Hyde Park

BAY AREA: 844-889-0275 ___ San Mateo ___ Fremont ___ San Ramon

NASHVILLE: 844-627-2518 ___ Brentwood ___ Hendersonville