

Please select one:  First Available  Specific Pain Specialist

## Please attach and fax the following with this patient referral form:

1. Patient Demographics      2. Insurance Information      3. Medical records including last three visits and medication list

Does your practice have direct messaging through its patient portal? If it does, you can send referrals through your EMR using our Secure Direct Address: [thepaincenter@direct.myezyaccess.com](mailto:thepaincenter@direct.myezyaccess.com). After submitting the referral, please send the patient's medical records and demographics via fax. Please note, our secure direct address is not a traditional email address. If your EMR is not set up for direct messaging, please send your patient referral to The Pain Center via fax.

### Patient Information

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_  
 Member ID#: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_  
 Member ID#: \_\_\_\_\_

### Referral

Evaluate and Treat       Paper Referral  
 # Visits: \_\_\_\_\_ # Follow-Up Visits: \_\_\_\_\_  
 Chief Complaint: \_\_\_\_\_  
 Authorization #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 NPI#: \_\_\_\_\_  
 \_\_\_\_\_  
 Referring Provider's Signature      Date

### ACCEPTED INSURANCE

**AETNA**  
 HMO  
 ELECTRONIC AUTHORIZATION REQUIRED  
 PPO  
 NO AUTHORIZATION/REFERRAL REQUIRED

**AHCCCS**  
 AZ COMPLETE  
 REFERRAL REQUIRED  
 CAREFIRST  
 REFERRAL REQUIRED  
 WELLCARE LIBERTY "ONECARE"  
 REFERRAL REQUIRED  
 HEALTHCHOICE "STEWART"  
 AUTHORIZATION 1ST VISIT; NO AUTHORIZATION OR REFERRAL REQUIRED  
 IHS  
 NO REFERRAL REQUIRED  
 MERCYCARE ADVANTAGE  
 REFERRAL REQUIRED  
 MERCYCARE  
 REFERRAL REQUIRED  
 UHCCCP  
 REFERRAL REQUIRED  
 UHC DUAL  
 NO REFERRAL REQUIRED  
 UFC ADVANTAGE  
 REFERRAL REQUIRED  
 UFC AHCCCS  
 REFERRAL REQUIRED

**ALLWELL**  
 REFERRAL REQUIRED

**ARIZONA CARE NETWORK (ACN)**

**ARIZONA FOUNDATION**  
 NO REFERRAL REQUIRED

**ARIZONA MEDICAL NETWORK**

**BANNER HEALTH NETWORK**  
 BANNER EMPLOYEE CHOICE PLUS  
 PCP PAPER REFERRAL REQUIRED  
 BANNER EMPLOYEE SELECT  
 NO REFERRAL REQUIRED  
 AETNA WHOLE HEALTH  
 NO REFERRAL REQUIRED  
 BCBS ALLIANCE NETWORK HMO AND PPO  
 HMO REQUIRES REFERRAL  
 CIGNA LOCAL PLUS  
 NO REFERRAL REQUIRED  
 CIGNA CAC (COLLABORATIVE ACCOUNTABLE CARE)  
 NO REFERRAL REQUIRED  
 HUMANA COMMUNITY HMO AND PPO  
 ELECTRONIC REFERRAL REQUIRED  
 NEIGHBORHOOD PHYSICIANS ALLIANCE  
 UHC MEDICARE ADVANTAGE- BHN NETWORK  
 ELECTRONIC REFERRAL REQUIRED  
 UHC COMMERCIAL- BHN NETWORK  
 ELECTRONIC/PAPER REFERRAL REQUIRED

**BCBS - HMO/PPO**  
 NO AUTHORIZATION REQUIRED  
 NEIGHBORHOOD NETWORK  
 (No Maricopa County)  
 REFERRAL REQUIRED  
 NNG MEMBER PREFIX ONLY

**BRIGHT HEALTH**  
 NO AUTHORIZATION REQUIRED

**CARE MORE**  
 REQUIRED AUTHORIZATION NUMBER

**CIGNA**  
 HMO  
 PAPER REFERRAL REQUIRED  
 PPO  
 NO AUTHORIZATION REQUIRED

**HEALTHNET**  
 HMO  
 ELECTRONIC REFERRAL REQUIRED  
 AZPC "WELLCARE VALUE"  
 NO AUTHORIZATION REFERRAL REQUIRED

**HMN/AZ MEDICAL NETWORK**

**HUMANA**  
 HMO  
 ELECTRONIC REFERRAL REQUIRED  
 PPO  
 NO REFERRAL REQUIRED

**MEDICARE**  
 NO AUTHORIZATION REQUIRED

**MEDICARE - RAILROAD**  
 NO AUTHORIZATION REQUIRED

**PHCS/MULTIPLAN**  
 PAPER REFERRAL REQUIRED

**TRICARE**  
 PRIME  
 AUTHORIZATION REQUIRED  
 STANDARD/4LIFE  
 NO AUTHORIZATION REQUIRED

**UNITEDHEALTHCARE**  
 NO AUTHORIZATION REQUIRED

**VETERANS ADMINISTRATION (VAPC3)**  
 AUTHORIZATION REQUIRED

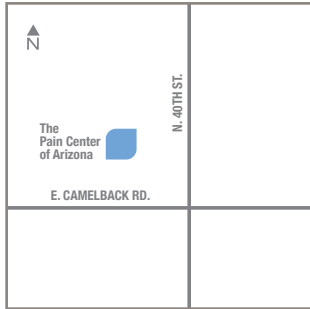
**WORKERS' COMP**  
 AUTHORIZATION NUMBER REQUIRED

**HMO**  
 ELECTRONIC REFERRAL REQUIRED

**PPO**  
 NO REFERRAL REQUIRED

We accept many private and public insurance plans not listed above. If you don't see an insurance listed, please call 623.516.8252 and one of our customer service representatives will verify if the insurance is accepted.

# Locations



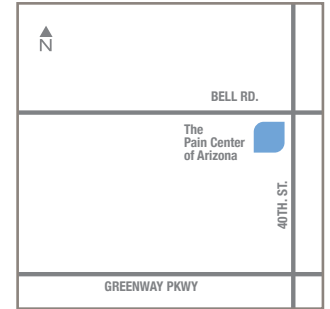
**Arcadia Clinic**  
3900 E. Camelback Rd.  
Suite 190  
Phoenix, AZ 85018



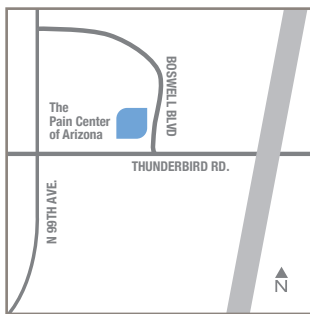
**Deer Valley Clinic**  
20333 N. 19th Ave.  
Suite 100  
Phoenix, AZ 85027



**Gilbert Clinic**  
3645 S. Rome St.  
Suite 216  
Gilbert, AZ 85297



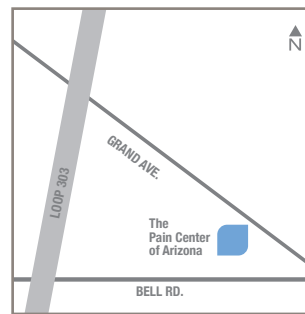
**Paradise Valley Clinic**  
3811 E. Bell Rd  
Suite 100  
Phoenix, AZ 85032



**Peoria Clinic**  
9401 W. Thunderbird  
Suite 180  
Peoria, AZ 85381



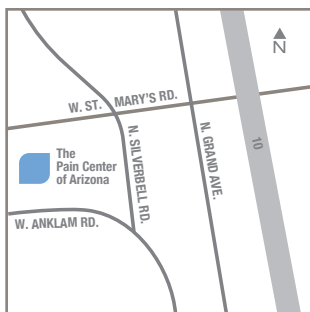
**Prescott Clinic**  
3110 E. Clearwater Dr.  
Suite B  
Prescott, AZ 86305



**Surprise Clinic**  
13967 W. Grand Ave.  
Suite 103  
Surprise, AZ 85374



**Tempe Clinic**  
1976 E. Baseline Rd  
Suite 102  
Tempe, AZ 85283



**Tucson Clinic**  
1704 W. Anklam Rd.  
Suite 108  
Tucson, AZ 85745



**West Phoenix Clinic**  
9250 W. Thomas  
Suite 200  
Phoenix, AZ 85037

Questions?  
Call us today at 623.516.8252.



623.516.8252  
thepaincenter.com

Arcadia | Deer Valley | Gilbert | Paradise Valley | Peoria | Prescott | Surprise | Tempe | Tucson | W. Phoenix