

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. 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
 PPO • NO AUTHORIZATION/REFERRAL
- AHCCCS**
 BRIDGEWAY ADVANTAGE • NO AUTH REQ
 BRIDGEWAY • REQUIRES AUTHORIZATION
 CARE 1ST • PAPER REFERRAL REQUIRED
 HEALTHNET AHCCCS • PAPER REFERRAL REQUIRED
 MERCYCARE • PAPER REFERRAL REQUIRED
 MERCY MARICOPA INTEGRATED • PAPER REFERRAL REQUIRED
 UHC COMMUNITY PLAN • PAPER REFERRAL REQUIRED
 UHC-LTC • NO REF REQ
 UNIVERSITY HEALTH PLAN • PAPER REF
 UNIVERSITY HEALTHCARE MARKETPLACE • PAPER REF
- Arizona Foundation**
 • NO AUTHORIZATION REQUIRED
- Banner Health Network**
 BANNER EMPLOYEE CHOICE PLUS • PCP PAPER REFERRAL
 BANNER EMPLOYEE SELECT • NO REFERRAL REQUIRED
 AETNA WHOLE HEALTH • NO REF REQ
 BCBS ADVANTAGE • PIMA AND MARICOPA COUNTY- PCP PAPER REFERRAL
 BCBS ALLIANCE NETWORK HMO AND PPO • HMO REQUIRES REFERRAL
 CIGNA LOCAL PLUS • NO REFERRAL REQUIRED
 CIGNA CAC (COLLABORATIVE ACCOUNTABLE CARE) • NO REFERRAL REQUIRED

- Banner Health Network (Continued)**
 HUMANA COMMUNITY HMO AND PPO • ELECTRONIC REFERRAL
 NEIGHBORHOOD PHYSICIANS ALLIANCE
 UHC MEDICARE ADVANTAGE- BHN NETWORK • ELECTRONIC REFERRAL
 UHC COMMERCIAL- BHN NETWORK • ELECTRONIC/PAPER REFERRAL
- BCBS - HMO/PPO/EPO NEIGHBORHOOD NETWORK** (NO MARICOPA COUNTY)
 • REFERRAL REQUIRED
 • NO BCBS SELECT NETWORK
- Care More**
 • REQUIRES AUTHORIZATION NUMBER
- CIGNA**
 HMO • PAPER REFERRAL REQUIRED
 PPO • NO AUTHORIZATION/REFERRAL
- Healthnet**
 HMO • PAPER REFERRAL REQUIRED
 AZPC - ARIZONA PRIORITY CARE
 • REQUIRES AUTHORIZATION
- HMN/AZ Medical Network**
- HONOR HEALTH ACO**
 HONOR HEALTH EMPLOYEES • FORMER JCL AND SHC
 BCBS/AMERIBEN • SCOTTSDALE HEALTHCARE LINCOLN NETWORK
- HUMANA**
 HMO • ELECTRONIC REFERRAL REQUIRED
 PPO • NO REFERRAL REQUIRED

- Imagine Health Smart Care (SRP Employee)**
 HMO • PAPER REFERRAL REQUIRED
- Medicare**
 • NO AUTHORIZATION REQUIRED
- Medicare-Railroad - Palmetto GBA**
 • NO AUTHORIZATION REQUIRED
- Optum Medical Network**
 • NO REFERRAL REQUIRED
- PHCS/MultiPlan**
 • PAPER REFERRAL REQUIRED
- Tricare**
 PRIME • REQUIRES AUTHORIZATION
 STANDARD/4LIFE • NO AUTHORIZATION REQUIRED
- United Healthcare**
 • NO AUTHORIZATION REQUIRED
 UHC MEDICARE REPLACEMENT
 • ELECTRONIC REFERRAL
- Veterans Administration (VACP3)**
 • REQUIRES AUTHORIZATION
- Work Comp**
 • REQUIRES AUTHORIZATION NUMBER
- HMO** - ELECTRONIC REFERRAL REQUIRED
- PPO** - NO REFERRAL REQUIRED
- UHC - HMO/PPO/POS**
 UHC MILITARY