

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 • PAPER REFERRAL REQUIRED
- CARE 1ST • PAPER REFERRAL REQUIRED
- UHC LTC • NO REF REQ
- HEALTH CHOICE • REQUIRES AUTHORIZATION/REFERRAL
- HEALTHNET AHCCCS • PAPER REFERRAL REQUIRED
- MERCYCARE • PAPER REFERRAL REQUIRED
- UHC COMMUNITY PLAN • PAPER REFERRAL REQUIRED
- UNIVERSITY HEALTH PLAN • PAPER REF
- \*NO CENPATICO RBHA

#### Arizona Foundation

- NO AUTHORIZATION REQUIRED

#### Arizona Medical Network

#### Banner Health Network

- BANNER EMPLOYEE CHOICE PLUS • PCP PAPER REFERRAL
- BANNER EMPLOYEE SELECT • NO REFERRAL REQUIRED
- AETNA WHOLE HEALTH • ELECTRONIC REFERRAL
- BCBS ADVANTAGE • PIMA AND MARICOPA COUNTY- PCP PAPER REFERRAL
- BCBS ALLIANCE NETWORK HMO AND PPO • HMO REQUIRES REFERRAL

#### Banner Health Network (Continued)

- CIGNA LOCAL PLUS • NO REFERRAL REQUIRED
- CIGNA CAC (COLLABORATIVE ACCOUNTABLE CARE) • NO REFERRAL REQUIRED
- 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 • NO REFERRAL REQUIRED
- PPO • NO REFERRAL REQUIRED
- ADVANTAGE • REQUIRES AUTHORIZATION (PIMA COUNTY ONLY)
- NEIGHBORHOOD NETWORK (NO MARICOPA COUNTY) • REFERRAL REQUIRED

#### 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

#### HUMANA

- HMO • ELECTRONIC REFERRAL REQUIRED
- TUCSON HMOX • ELECTRONIC REFERRAL REQUIRED
- PPO • NO REFERRAL REQUIRED

#### Medicare

- NO AUTHORIZATION REQUIRED

#### Medicare-Railroad

- 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 - ALWAYS PAPER REFERRAL

#### PPO - OPEN ALWAYS SELF REFERRAL