

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 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  
**MERCY MARICOPA INTEGRATED**  
 PAPER 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  
**UNIVERSITY HEALTH PLAN**  
 PAPER 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 ADVANTAGE**  
 MARICOPA COUNTY ONLY - PCP PAPER 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

**BCBS ADVANTAGE**  
 AUTHORIZATION REQUIRED

**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

**OPTUMCARE**  
 NO AUTHORIZATION REQUIRED

**PHCS/MULTIPLAN**  
 PAPER REFERRAL REQUIRED

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

**UNITEDHEALTHCARE**  
 NO AUTHORIZATION REQUIRED

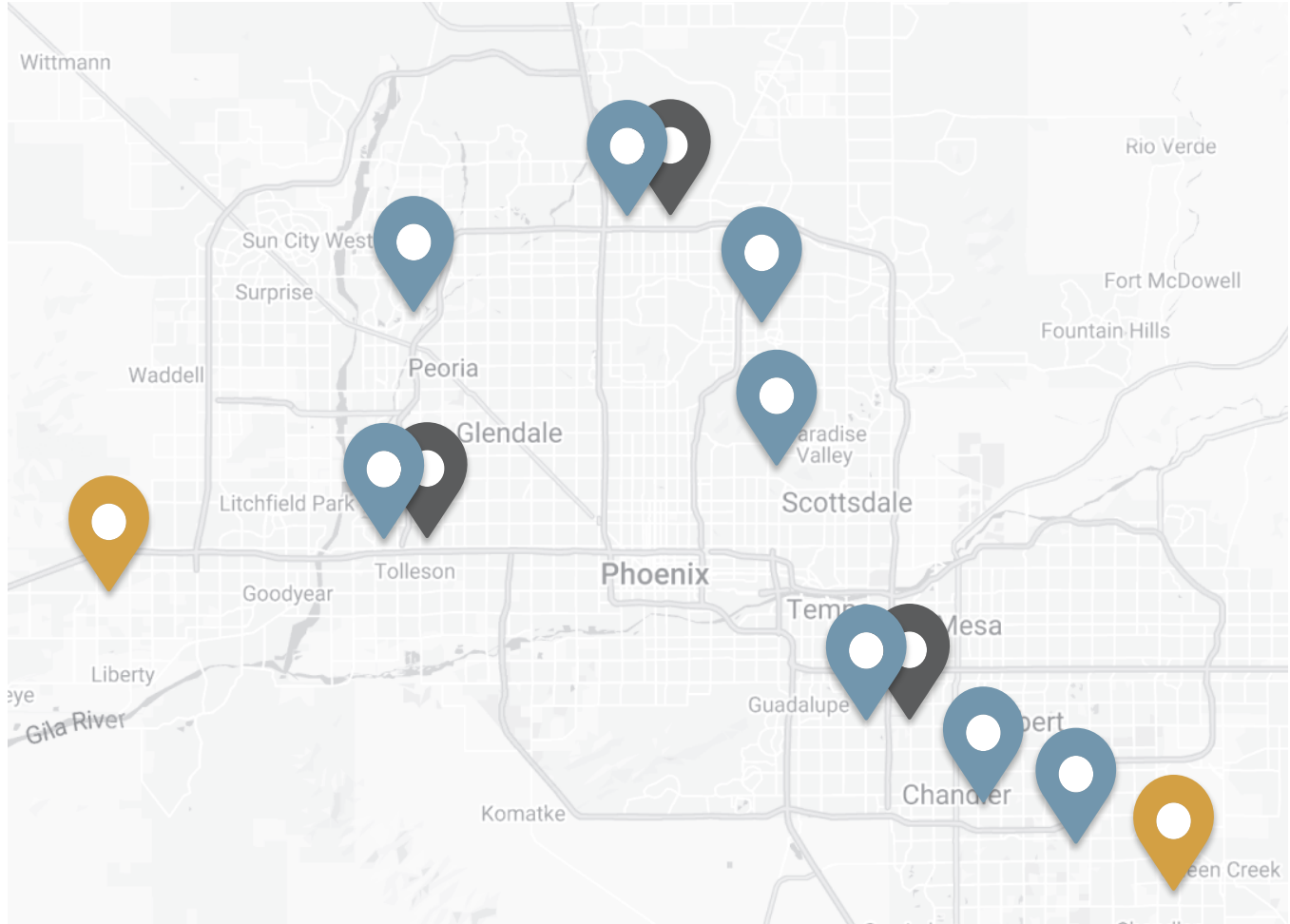
**VETERANS ADMINISTRATION (VAPC3)**  
 AUTHORIZATION REQUIRED

**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.



**Arcadia**

3900 E Camelback Rd  
Suite 190  
Phoenix, AZ 85018

**Chandler**

895 S Dobson Rd  
Suite 1  
Chandler, AZ 85224

**Deer Valley**

20333 N 19th Ave  
Suite 100  
Phoenix, AZ 85027

**Gilbert**

3645 S Rome St  
Suite 216  
Gilbert, AZ 85297

**Paradise Valley**

3811 E Bell Rd  
Suite 100  
Phoenix, AZ 85032

**Prescott**

3110 E Clearwater Dr  
Suite B  
Prescott, AZ 86305

**Peoria**

9401 W Thunderbird Rd  
Suite 180  
Peoria, AZ 85381

**Tempe**

1976 E Baseline Rd  
Suite 102  
Tempe, AZ 85281

**Tucson**

1704 W Anklam Rd  
Suite 108  
Tucson, AZ 85745

**West Phoenix**

9250 W Thomas #200  
Phoenix, AZ 85037

**ASSC - North Phoenix**

20045 N 19th Ave, Bldg 12  
Phoenix, AZ 85027

**ASSC - Tempe**

1974 E Baseline Rd  
Tempe, AZ 85281

**ASSC - West Phoenix**

9250 W Thomas #220  
Phoenix, AZ 85037

**New Locations**  
COMING SOON

**Buckeye**

**Queen Creek**

Arcadia | Chandler | Buckeye | Deer Valley | Gilbert | Paradise Valley | Peoria | Prescott | Tempe | Tucson  
Queen Creek | West Phoenix | ASSC - North Phoenix | ASSC - Tempe | ASSC - West Phoenix