



Radiation New Patient Scheduler Fax: 602-283-3044
 Radiation New Patient Scheduler Phone: 602-283-7921
 Biltmore Office:
 Main Phone: 602-283-2345
 2222 East Highland, Suite 130, Phoenix, AZ 85016
 Baptist Office:
 Main Phone: 602-283-7979
 1916 W. Bethany Home Rd., Suite 100, Phoenix, AZ 85015

Radiation Oncology Consult Request

Patient Profile Demographics sheet attached Yes No Date: ____/____/____

Patient Name: _____ DOB: ____/____/____ Sex: M F
Last First MI

Patient Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____

Referring Physician Information

Referring Physician: _____ Phone: _____ Fax: _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Surgery Date: _____ Hospital: _____

Reason for Consult: _____ Diagnosis Code: _____

Arizona Oncology Physician: _____ First Available

Insurance *Our office will obtain Insurance authorization.

Primary Carrier: _____ Phone#: _____

Insurance Company Address: _____
Street City State Zip

ID #: _____ Group: _____ Insured: _____ DOB: ____/____/____

Secondary Carrier: _____ Phone#: _____

Insurance Company Address: _____
Street City State Zip

ID #: _____ Group: _____ Insured: _____ DOB: ____/____/____

**If insurance requires prior authorization for consultation and the patient is to be seen in the next 1-2 days, please notify our office directly at the location listed. We will gladly assist in the process of obtaining the necessary referral authorization.*

FOR INTERNAL USE ONLY

Appointment

*Appointment Date: ____/____/____ Time: _____

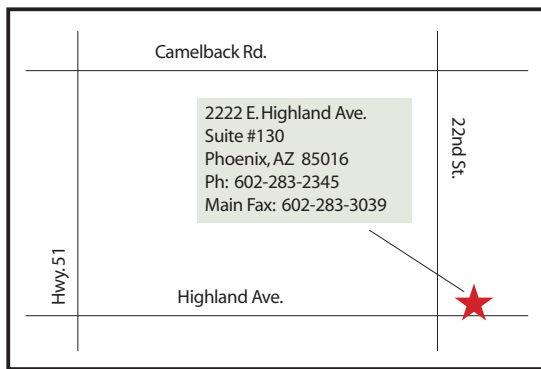
Physician: _____ Office Location: _____

Accepted Insurance*

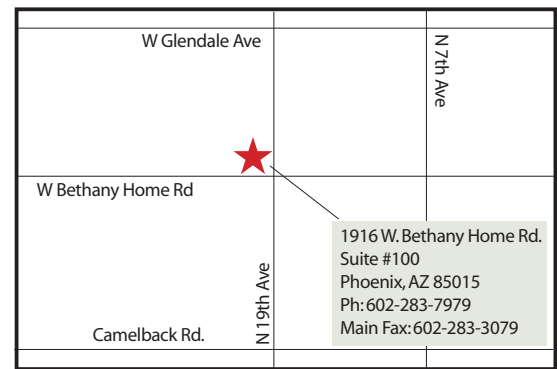
- AARP
- Aetna
- AHCCCS Plans
 - APIPA
 - Evercare
 - Healthchoice
 - Indian Health Services (pre-authorization required)
 - Mercy Care
 - Pima Health Systems
 - Phoenix Health Plan
 - University Family
 - Vavapai LTC*
- Arizona Foundation (AZ FMC)
- Arizona Medical Network HMA
- Rural AZ Network
- Multiplan*
- PHCS*
- Beech Street*
- Great West Healthcare*
- Schaller Anderson*
- BCBS
- First Health
- Cigna
- Desert Canyon Community Care
- Healthnet
- Humana
- Lifewise Health Plan
- Maricopa Health Plan / Maricopa Integrated Health System (ASPA)
- Medicare / RR Medicare
- PacifiCare
- Tricare for Life
- Tricare Prime / Champus
- UHC

*Please contact office to ensure acceptance of plan

Biltmore Office



Baptist Office



In order to provide your patient with a positive experience and to avoid delays in care, it would be most helpful to have the necessary information in advance for review by our team. Listed below are typical reports and documents that will expedite the process.

Fax the following records in this order for Radiation referrals:

- | | |
|--|--|
| <ul style="list-style-type: none"> A. Fax cover sheet with scheduling instructions B. History and physical C. Progress notes (last 2-3 notes) D. Path Reports E. Lab results F. Diagnostic imaging reports | <ul style="list-style-type: none"> G. Chemo treatment (last 2-3 tx note/flow sheet) H. Medications I. Referral / Authorization J. Demographic K. Copy of insurance card L. Have patient hand carry CD of prior scans |
|--|--|

If the patient has insurance that requires a referral, we will need the signed referral prior to the consultation. The above records/referrals can be faxed to 602-283-7921. Thank you for your assistance.

