

Referral Checklist



Please Note: The Referral Checklist is not required; however, the information specified below should be included when referring a patient for infusion or injection therapy. Healix Infusion Care recommends using our therapy-specific order forms to accelerate prior authorization. Please be advised missing documentation may delay treatment. Learn more at [HealixInfusion.com](https://www.healixinfusion.com).

PATIENT DEMOGRAPHICS

Patient face sheet or demographics attached (If attached, you may skip the this section.)

Patient Name _____ DOB _____

Address _____ Email _____

City, State, Zip Code _____ Home Phone _____

Enrolled in Funded Program? Yes No N/A Mobile Phone _____

Patient is interested in patient assistance programs

Patient needs an evening or weekend appointment.

PATIENT INSURANCE

Front and back of insurance card attached (If attached, you may skip the this section.)

Primary Payor _____ Group # _____

Subscriber Name _____ ID # _____

Secondary Payor _____ Group # _____

Subscriber Name _____ ID # _____

ORDER, DIAGNOSIS, AND CLINICAL INFORMATION

Order, Diagnosis, and Clinical Information attached

→Go to [HealixInfusion.com](https://www.healixinfusion.com) to fill or download a therapy-specific order form.

REFERRAL CONTACT INFORMATION

Contact Information attached (If attached, you may skip the this section.)

Contact Name _____ Practice Name _____

Title _____ Phone _____

Email _____

Please include the order, most recent labs, and any supporting clinical notes when sending in the referral.