

REFERRAL FORM

INTEGRATIVE PAIN CENTER OF ARIZONA

3945 E. PARADISE FALLS DR., SUITE 105

TUCSON, AZ 85712

Tel: (520)-797-7246 Fax: (520)-795-4249

www.ipcaaz.org

Thank you for referring to IPCA!!!

Fax to: New Patient Scheduler 795-4249

Date: _____

Patient

Name: _____ DOB: _____ Phone: _____

Diagnosis: _____

Insurance: Primary _____ ID# _____ GRP# _____

Secondary _____ ID# _____ GRP# _____

Insurance Authorization: _____

Referring Doctor Signature: _____ Phone: _____

Physician Consultation (99243-45) and three office follow ups (99211-99215)

If you have a preference, select an IPCA provider:

Dr. Mitchell Halter Dr. Bennet Davis

Dr. Cela Archambault, psychology, evaluation and testing (*CPT codes are insurance specific; please call 797-7246, ext 114*)

Dr. Randy SooHoo, Occupational Medicine & Disability Evaluation

Disability Evaluation (99456)

Work Status Evaluation (99456)

Functional Capacity Evaluation (97750)

Patient Demographics

Recent Office Notes

Recent Imaging Reports (x-ray, MRI, CT scan)

Prior Authorization (If required by patients insurance)