

Referral Contact Name

Branch Address: 4334 Brockton Drive SE, Suite D, Kentwood MI 49512

Branch Fax Number: **1-616-698-0219**Branch Phone Number: **1-616-698-0272** 

## **Home Infusion Therapy Fax Referral**

Please complete and attach signed orders, current labs, history and physical, then fax to Coram at the above number. Coram will call to confirm acceptance on service.

Allooptial	Phone					Fax							
Patient Name	☐ Hospital					□ MD	□MD		☐ RN Agency		□ Self		
SSN	□ Other					□ Insu	□ Insurance		□ Case M	ase Manager			
Address	Patient Name										DOB		
None   Provide the following information, or attach photocopy of card, if available.   Primary	SSN					Parent/Guardian Details							
Insurance: Provide the following information, or attach photocopy of card, if available.   Primary   Secondary	Address					City, St	City, State Zip						
Subscriber Name	Home Phone					Cell Ph	Cell Phone						
Subscriber Name	Insurance: Provide the following information, or attach photocopy of card, if available.												
Company				Primary						Secondary			
Patient Relationship to Subscriber	Subscriber Name												
Patient Relationship to Subscriber	Company												
Patient Relationship to Subscriber	Group Number												
Child	ID Number		oer										
Primary Diagnosis         Height           Secondary Diagnosis         Weight           Access         I None         Therapy 1         Therapy 2           Therapy Ordered         Anti-Infective         Anti-Infective           □ Aralast         □ Aralast         □ Aralast           □ Inotrope         □ INIG         □ INIG           □ Pain Management         □ Pain Management         □ Parenteral Nutrition—Home Start           □ Yes         □ No         □ Other           Start of Care Date         □ Other           Length of Therapy         □ Referring         □ Assigned         □ No           Nursing Agency         □ Referring         □ Assigned         □ No           Prescribing Physician           Office Contact Person	Patient Relationship to Subscriber				_	_			_				
Primary Diagnosis         Height           Secondary Diagnosis         Weight           Access         None         Type           Therapy 1         Therapy 2           Therapy 2             Aralast           Aralast             Inotrope           Inotrope             INIG           INIG             Pain Management           Parenteral Nutrition—Home Start             Yes           No             Start of Care Date           Length of Therapy             Referring           Assigned           To Be Assigned           N/A           Prescribing Physician           Office Contact Person				☐ Child ☐ Other			ner		Child O		☐ Other		
Secondary Diagrams		Pho											
Allergies           Access         □ None         □ Type           Therapy 1         Therapy 2           Therapy Ordered         □ Anti-Infective           □ Aralast         □ Aralast           □ Inotrope         □ Inotrope           □ IVIG         □ IVIG           □ Pain Management         □ Parenteral Nutrition-Home Start           □ Parenteral Nutrition-Home Start         □ Parenteral Nutrition-Home Start           □ Yes         □ No           □ Other         □ Other           Start of Care Date         □ Other           Length of Therapy         □ Referring         □ Assigned         □ To Be Assigned         □ N/A           Prescribing Physician         Office Contact Person	Primary Diagnosis									Height			
None	Secondary Diagnosis						W			Weight	Weight		
Therapy Ordered  Anti-Infective Anti	Allergies												
Therapy Ordered         ☐ Anti-Infective         ☐ Aralast         ☐ Aralast           ☐ Inotrope         ☐ Inotrope         ☐ IVIG           ☐ Pain Management         ☐ Pain Management         ☐ Parenteral Nutrition—Home Start           ☐ Yes         ☐ No         ☐ Other           Start of Care Date           Length of Therapy         ☐ Referring         ☐ Assigned         ☐ To Be Assigned         ☐ N/A           Nursing Agency           ☐ Referring         ☐ Assigned         ☐ To Be Assigned         ☐ N/A           Office Contact Person	Access	□ None	ПΤ	Гуре									
Aralast   Aralas				Therapy 1				Therapy 2					
Inotrope	Therapy Ordered			☐ Anti-Infective				☐ Anti-Infective					
IVIG				☐ Aralast				☐ Aralast					
□ Pain Management □ Pain Management   □ Parenteral Nutrition—Home Start □ Parenteral Nutrition—Home Start   □ Yes □ No □ Other    Start of Care Date  Length of Therapy  Nursing Agency  Nursing Physician  Office Contact Person				□ Inotrope				□ Inotrope					
□ Parenteral Nutrition—Home Start □ Yes □ No □ Other  Start of Care Date Length of Therapy  Nursing Agency Prescribing Physician Office Contact Person  □ Parenteral Nutrition—Home Start □ Yes □ No □ Other				□ IVIG				□ IVIG					
□ Yes □ No □ Yes □ No   □ Other □ Other    Start of Care Date  Length of Therapy  Nursing Agency  Nursing Physician  Office Contact Person				☐ Pain Management				☐ Pain Management					
Start of Care Date  Length of Therapy  Nursing Agency  Prescribing Physician  Office Contact Person													
Length of Therapy   Nursing Agency □ Referring □ Assigned □ To Be Assigned □ N/A   Prescribing Physician   Office Contact Person				☐ Other				□ Other					
Nursing Agency □ Referring □ Assigned □ To Be Assigned □ N/A  Prescribing Physician  Office Contact Person	Start of Care Date												
Prescribing Physician Office Contact Person	Length of Thera	ру											
Office Contact Person	Nursing Agency					☐ Referring ☐ Assigned ☐ To Be Assigned ☐ N/A							
	Prescribing Phy	sician											
Phone Fax	Office Contact F	Person											
	Phone						Fax						

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