HENDRICKSON AND HUNT
Pain Management Physicians

NEW

Insurance Card, Medical Records, and Authorization are Required

2350 E. Bidwell Street ● Folsom, CA 95630 ● Phone (916) 984-3899 ● **Fax (916) 984-6522**
4990Rocklin Road,Ste. 100 ● Rocklin, CA 95677 ● Phone (916)788-4454 ● **Fax(916) 218-6522**

A CHECK ONE BOX

☐ Consultation "Only" (CPT: 99245) ☐ Evaluate & Treat (CPT: 99245 + 99214) ☐ Procedure Only (Complete Section B)

DIAGNOSIS: _____

B FOR PROCEDURE ONLY REFERRALS: (Check Region, Side, Injection & Levels)

☐ Cervical	☐ Left	☐ Epidural Steroid Inj.	☐ Sympathetic Block	☐ Stellate Ganglion Block
☐ Thoracic	☐ Right	☐ Medial Branch Block	☐ Transforaminal Nerve Block	☐ Radiofrequency Ablation
☐ Lumbar	☐ Bilateral	☐ Facet Joint Injection	☐ Discography	☐ Trigger Point Injections

☐ Other: _____ **Procedure Levels:** _____

C REFERRING PHYSICIAN INFORMATION

Physician: _____ **Contact Person:** _____

Address: _____

Phone #: _____ **Fax #:** _____

D PATIENT DEMOGRAPHICS (Complete All Fields)

Patient: _____ ☐ **Male** ☐ **Female** **DOB:** _____

Patient Ambulatory ☐ **Yes** ☐ **No** **Height:** _____ **Weight:** _____ **SSN:** _____

Address: _____

Home #: _____ **Work #:** _____ **Cell #:** _____

E PRIMARY MEDICAL INSURANCE (Send copy of front and back of card)

Carrier: _____ **Plan:** ☐ PPO ☐ HMO ☐ EPO ☐ POS ☐ Lien

Phone #: _____ **ID:** _____ **Primary Card Holder** ☐ Yes ☐ No

Pre-cert #: _____ **Effective Date:** _____ **Expiration Date:** _____

F SECONDARY MEDICAL INSURANCE (Send copy of front and back of card)

Carrier: _____ **Plan:** ☐ PPO ☐ HMO ☐ EPO ☐ POS ☐ Lien

Phone #: _____ **ID:** _____ **Primary Card Holder** ☐ Yes ☐ No

Pre-cert #: _____ **Effective Date:** _____ **Expiration Date:** _____

G WORKER'S COMPENSATION (Written authorization required)

WC Carrier: _____ **Claim #:** _____ **DOI:** _____

Address: _____

Employer: _____ **Authorization Number:** _____

Adjuster: _____ **Phone:** _____ **Fax:** _____

Appt Date: _____ **Time:** _____ ☐ **AM** ☐ **PM** ☐ **Folsom** ☐ **Rocklin**

FAX "ALL" REFERRALS TO (916) 984-6522

REFERRAL FORMS CAN BE FOUND ON OUR WEB SITE

WWW.HENDRICKSONANDHUNT.COM

REFERRAL INSTRUCTIONS:

- COMPLETE ALL FIELDS ON REFERRAL FORM
- SEND COPIES OF FRONT AND BACK OF INSURANCE CARD/S
- SEND MEDICAL RECORDS SUPPORTING PATIENT'S DIAGNOSIS
- SEND COPY OF AUTHORIZATION WITH WORK COMP,HMO, OR LIEN

Once all of the above information is received, we will contact your patient to schedule an appointment and fax appointment confirmation to your office.

ACCEPTED INSURANCE CARRIERS: *All HMO plans need authorization*

Aetna
Beech Street
Blue Cross
Blue Shield
CCN
Cigna
Definity Health
First Health
Great West Healthcare
Golden State HMO- *needs auth*
Health Net
Interplan
Hills Physicians HMO- *needs auth*
Liens- Med Fin Manager - *needs auth*
Liens- Care Point Financial - *needs auth*
Liens- Eagle Healthcare - *needs auth*
Medicare
Mercy Medical HMO- *needs auth*
PacifiCare
Private Healthcare Systems
Sierra Nevada HMO- *needs auth*
Sutter Medical Group HMO- *needs auth*
Triwest - *needs auth if primary insurance*
UFCW
United Healthcare
Workers' Compensation- *needs auth*

FACILITIES UTILIZED:

Folsom Surgery Center	**1651 Creekside Drive • Folsom, CA 95630**	**(916) 673-1990**
Mercy Folsom Hospital	**1650 Creekside Drive • Folsom, CA 95630**	**(916) 983-7503**
S. Placer Surgery Center	**8723 Sierra College Blvd • Granite Bay, CA 95746**	**(916) 677-5065**