HENDRICKSON AND HUNT
Pain Management Physicians

2350 E. Bidwell Street ●**Folsom**, CA 95630 ●Phone (916) 984-3899 ●**Fax (916) 984-6522**
4990 Rocklin Road, Ste. 100 ●**Rocklin**, CA 95677 ●Phone (916) 788-4484 ●**Fax (916) 218-6252**

FAX Insurance Card/s, Notes, and Authorization

A CHECK ONE BOX

☐ **Consultation "Only"** (CPT: 99245) ☐ **Evaluate & Treat** (CPT: 99245 + 99213) ☐ **Procedure Only** (Complete Section B)

DIAGNOSIS: _____

B PROCEDURE ONLY: (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:** _____

Appointment: DATE: _____ **TIME** _____ ☐ **AM** ☐ **PM** ☐**FOLSOM** ☐ **ROCKLIN**

ACCESS OUR REFERRAL FORM BY VISITING WWW.HENDRICKSONANDHUNT.COM

REFERRAL INSTRUCTIONS:

To expedite referral process, please follow these instructions:

- **COMPLETE ALL FIELDS ON REFERRAL FORM**
- **SEND LEGIBLE COPIES OF MEDICAL INSURANCE CARD/S**
- **SEND CHART NOTES PERTAINING TO PATIENT'S DIAGNOSIS**
- **SEND COPY OF WRITTEN AUTHORIZATION IF PATIENT HAS AN HMO, WORKERS' COMPENSATION CLAIM, OR LIEN**

Incomplete referrals will be delayed until the above information is obtained

ACCEPTED INSURANCE CARRIERS:

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
Sutter Sierra Surg. Center	8 Medical Plaza, Suite 100 • Roseville, CA 95661	(916) 677-5070