

Checklist for Specialty Infusions - Renewal Request

Please Fax this completed sheet with the information below to:

ATTENTION: Lori Vrabel Fax: 707-967-5775 Phone: 707-967-5763

Upon receipt of **all requested documents**, we will submit to insurance for authorization. Once approved we will contact the patient for an appointment date. We will also fax you with confirmation of the appointment.

Patient Name: _____ MR: _____ DOB: _____ Phone: _____

Diagnosis: _____ Medication: _____ Today's Date: _____

MD Fax and Date: _____ Phone & off. Contact: _____

Check off sheet for Referring Physician and staff

- Patient Demographics
- Patient insurance information with front and back copies of all insurance cards.
- Signed Patient Orders
- Most current MD notes that contain medical justification and diagnosis.
- Diagnosis code: **ICD 10** _____
- Patient vaccination list with dates of administration
- Labs within 30 days (CBC, Chemistry Panel including renal function)
- If** patient is a Hep B carrier, please have labs and measurement of surface antigen HBsAg and Hepatitis B core antibodies.
- Confirmation of patient education on medication to be infused. **DATE COMPLETED** _____

For Martin O'Neil Staff Only

Medication Vial sizes and price: 1. _____ 2. _____

___ Copies given to Front Desk Staff for Varian registration, Date: _____

___ Copies to Barbara Brown for Authorization, Date: _____

APPROVAL DATE: _____ *EXP:* _____ *MD contacted: Y Date:* _____

___ Drug entered in Varian regimens with support meds and availability confirmed.

___ All documents scanned in to Varian.

Additional Comments or Follow Up notes. _____