

Checklist for Specialty Infusions

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.

Please let patient know approval and notification for appointment can take up to 21 days!

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. _____