

This form is for preliminary benefits, formulary, and operational review only. Non-formulary medications require clinical and financial review to determine appropriateness and feasibility prior to scheduling or acceptance. Our practice provides infusion and injection therapies in-office only and does not offer home infusion services. Submission of this form does not guarantee insurance authorization, scheduling, or treatment administration. Additional documentation and signed physician orders may be required.

Patient information

Patient name _____ **DOB** _____
Mobile number _____ **Email Address** _____ **Weight** _____ kgs lbs
Diagnosis _____
Allergies NKDA _____

Medication instructions

Pre-medications N/A
 Provider prescribed: _____

Medication order _____ **Frequency** _____
(dose, frequency)

Medication route _____

Lab order Please list any labs to be drawn by the infusion clinic:
(Include frequency) N/A

Prerequisites Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics

Please send to Columbia, MD Silver Spring, MD Bowie, MD Frederick, MD

Referring provider information

Referring provider name _____ **NPI** _____
Practice name _____
Point of contact Name _____ Email _____ Phone _____
Provider signature _____ **Date** _____

Please Note: Submission of this form does not guarantee patient acceptance, scheduling, insurance authorization, or treatment administration. Non-formulary medications are subject to clinical, operational, and financial review to determine appropriateness and feasibility. Upon receipt of this request, our team will conduct a comprehensive benefits investigation, as well as an administration and medication acquisition review, and will contact the referring office regarding determination status.