



To: New Patient Scheduler – *B. Timothy Walton*

Fax: 602-283-3040 Phone: 623-879-4411

Email: Brian.Walton@usoncology.com

Tax ID Number: 86-0938204

Date: ____/____/____

From: _____

Sender's Fax #: _____

Sender's Phone #: _____

Medical Oncology Consult Request

Patient Profile

Demographics sheet attached ☐ Yes ☐ No

Patient Name: _____ DOB: ____/____/____ Sex: ☐ M ☐ F
Last First MI

Patient Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____

Referring Physician Information

Referring Physician: _____ Phone: _____ Fax: _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Surgery Date: _____ Hospital: _____ MRN#: _____

Insurance

**Please note we may have to reschedule the patient's appointment if we do not receive the referral one day prior to the appointment.*

Primary Carrier: _____ Phone#: _____

Insurance Company Address: _____
Street City State Zip

ID #: _____ Group: _____ Insured: _____ DOB: ____/____/____

Auth/Ref#: _____ Pending ☐ Not Required ☐

Secondary Carrier: _____ Phone#: _____

Insurance Company Address: _____
Street City State Zip

ID #: _____ Group: _____ Insured: _____ DOB: ____/____/____

Auth/Ref#: _____ Pending ☐ Not Required ☐

**If patient insurance requires a referral, we kindly request the referral within 24 hours of scheduled appointment. If we do not receive within the requested timeframe we may ask the patient to reschedule.*

If you have not received a confirmation of patient's appointment with 5 business days please call 623-879-4411.

FOR INTERNAL USE ONLY

Appointment

*Appointment Date: ____/____/____ Time: _____

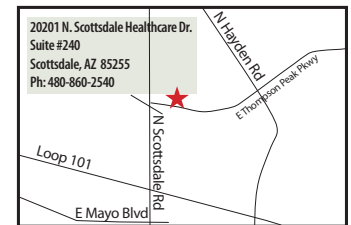
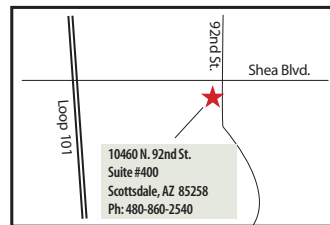
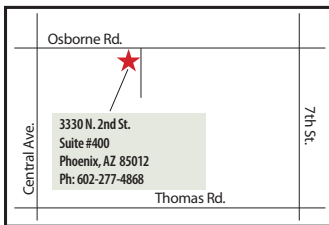
Physician: _____ Office Location: _____

Accepted Insurance*

- AARP
- Aetna
- AHCCCS Plans
 - APIPA
 - Evercare
 - Healthchoice
 - Indian Health Services (pre-authorization required)
 - Mercy Care
 - Pima Health Systems
 - Phoenix Health Plan
 - University Family
 - Vavapai LTC*
- Arizona Foundation (AZ FMC)
- Arizona Medical Network HMA
- Rural AZ Network
- Multiplan*
- PHCS*
- Beech Street*
- Great West Healthcare*
- Schaller Anderson*
- BCBS
- First Health
- Cigna
- Desert Canyon Community Care
- Healthnet
- Humana
- Lifewise Health Plan
- Maricopa Health Plan / Maricopa Integrated Health System (ASPA)
- Medicare / RR Medicare
- PacifiCare
- Tricare for Life
- Tricare Prime / Champus
- UHC

* Please contact office to ensure acceptance of plan

Medical/Hematology Oncology Offices



In order for our physician to provide you and your patient with the best possible consultation, we will need the following medical records **PRIOR** to the scheduled appointment:

For a CANCER DIAGNOSIS:

- All surgical pathology reports pertaining to diagnosis
- Latest lab work: especially blood counts
- Any previous PET scans, CT scans, MRI, x-ray, mammogram reports
- Any previous chemotherapy/radiation treatment notes
- Physician's progress notes

For a BLOOD DISORDER:

- Lab work for the last 3-5 years, especially blood counts
- Any previous PET scans, CT scans, MRI, x-ray, mammogram reports
- Any previous bone marrow pathology reports
- Physician's progress notes

The patient is responsible for bringing ALL current films to his/her appointment by obtaining them from the facility or his/her physician's office. Films must include all PET scans, CT scans, MRIs and x-rays performed.

If the patient has insurance that requires a referral, we will need the signed referral prior to the consultation. The above records/referrals can be faxed to 602-283-3040. Failure to provide all the required information will result in unnecessary delays. Thank you for your assistance.

