

	Date:
Thank you for the referral to have you patient so we can process this referral and contact your pa	ee Dr. Joshua Dawley or Dr. William Weigel. Before tient to schedule an appointment, we need the
following information:	· · · · · · · · · · · · · · · · · ·

- DEMOGRAPHICS OF PATIENT
- **COPY OF CURRENT INSURANCE CARDS**
- **CURRENT CHART NOTES**
- ANY IMAGING YOU MAY HAVE
- IF THIS IS AN L&I CLAIM:
  - DATE OF INJURY
  - CLAIM OPEN DATE
  - NATURE OF INJURY
  - CLAIMS MANAGER'S NAME AND CONTACT PHONE NUMBER

0	WRITTEN INSURANCE AUTHORIZATION REQUIRED:
	·
0	OTHER:

Please contact our office with any questions you may have. Again, we thank you for your referral.

Cheryl Ioelle Krista Dr. Dawley Dr. Weigel Drs. Dawley and Weigel Ph: 509-343-3864 Ph: 509-343-3865 Ph: 509-340-0458 Fax: 509-462-1470 Fax: 509-462-1470 Fax: 509-462-1470

The Orthopaedic Surgery Center

601 West Fifth Avenue, Suite 500 | Spokane, WA 99204 | 509-344-8672

Before we can complete your request, please fax all of the items we have

marked. We are unable to process your

regarding lumbar, cervical pain, and all

referral until we have all of your patient's pertinent information

imaging.



## DR. DAWLEY AND DR. WEIGEL REFERRAL REQUIREMENTS:

- Demographic page of Patient: must include current address of patient, phone number, and insurance information
- Copy of Insurance Cards (This is a must! We are unable to schedule an appointment without a copy of the cards)
- Chart notes pertaining to either Lumbar or Cervical Pain
- Include Lumbar/Cervical Imaging
- PCP insurance referrals
- Example: AARP Medicare Complete: PCP referral with how many visits included, date space of authorization
- If this is L&I, once our doctors review the patient's information, decides on injection. Will be up to the referring doctor's office to obtain authorization for CONSULT WITH INJECTION
- Molina patient: must include chart notes, <u>current MRI</u>, patient must have completed 6 weeks of physical therapy. Referring doctor's responsibility to get authorization for CONSULT WITH INJECTION.
- Any insurance that requires pre-authorization, it is the referring doctor's responsibility to obtain the initial authorization for consult with injection.
- Dr. Dawley and Dr. Weigel's practice is INTERVENTIONAL PAIN MANAGEMENT, they do not do pain management or prescriptions.

Please fax to: 509-462-1470

Toll-Free Scheduling Line: 844-949-7246