



Phone: 623-466-6350  
Fax: 623-518-6389

**Brian S. Page, DO**

Interventional Pain Physician  
Board Certified Pain Management  
Board Certified Anesthesia

**Dinesh Chinthagada, MD**

Board Certified Anesthesiologist  
Board Certified Pain Management

Nichole Brown, FNP-C

Angela Marton, AGPCNP-B

Susan Bailey, FNP-C

Nathan Franke, PA-C

Leslie Kotsis, ANP-C

Lindsay Burk, PA-C

Elizabeth Colman, FNP-C

Kelly Carr, FNP-C

Amelia Campbell, AGPCNP-BC

Vanessa Schlauderaff, FNP

Liana Flores, FNP-C

Tolulope Green-Yesu, FNP

Karla Cabrera, NP

# REFERRAL FORM

**IN-TAKE COORDINATOR DEPARTMENT Phone: 623-466-6350 X 615 Fax: 623-518-6389**

**Secure email [npc@apm-az.com](mailto:npc@apm-az.com)**

**\*\*\*Please fax this referral form, copy of insurance card, last office notes, MRI reports and any other pertinent information to 623-518-6389. Some insurances plans require authorization or referral forms. Please call for any questions.\*\*\***

Date: \_\_\_\_\_

Please call patient to schedule

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

ID: \_\_\_\_\_ Group: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referral/PA Valid From: \_\_\_\_\_ Expires on: \_\_\_\_\_ # of Visits: \_\_\_\_\_

Prior Authorization Number: \_\_\_\_\_

➤ *If referral is a MVA or ICA related please provide the following information:*

Attorney or Adjusters Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim or ICA ID #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Please circle the following treatments the patient is being referred for:**

Interventional Pain Management

Epidural or other injections

Tens Unit/Back Brace

Oncology/Cancer Management

OB/GYN

ENT/Dental

Neurology

Ultrasound E-STIM

**\*\*\*Medication Management: Medication is only prescribed in conjunction with other forms of treatment\*\*\***

**Maximum Dosages:**

Morphine 15 mg four times a day

Methadone 90 mg/day

Oxycontin 80mg three times a day

Oxycodone 15 mg four times a day

MS Contin 60 mg three times a day

Baclofen 20 mg three times a day

Norco 10 mg/325 four times a day

Fentanyl 100 mcg/day

**\*\*We do not prescribe Dilaudid\*\***

**We do not prescribe Suboxone or Subutex**

**GLENDALE**

20325 N. 51<sup>st</sup> Ave Bldg. 8, Ste. 160  
Glendale AZ 85308

**CENTRALPHOENIX**

2701 N. 16<sup>th</sup> St Suite 111  
Phoenix AZ 85006

**METROCENTER**

3201 W. Peoria Ave Suite D-804  
Phoenix AZ 85029

**MESA**

3035 S. Ellsworth Rd. Suite 135  
Mesa AZ 85212

**WEST VALLEY**

4140 N. 108<sup>th</sup> Ave Suite 134  
Phoenix AZ 85037

**N.PHX/SCOTTSDALE**

15255 N. 40<sup>th</sup> St. Suite 131  
Phoenix AZ 85032

**SURPRISE**

14811 W. Bell Rd. Suite 103  
Surprise AZ 85374

**AHWATUKEE**

4425 E. Agave Rd. Bldg. 9 Ste. 152  
Phoenix, AZ 85044

**CHANDLER**

815 E. Warner Rd Suite 104  
Chandler AZ 85225

**TUCSON**

6560 E. Carondelet Dr.  
Tucson, AZ 85710



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## Insurance List Effective July 2017

- Aetna (Provider #1621839) (Need Paper Referral for HMO'S) (**Not contracted with Banner EPO**)
- AHCCCS
  - **APIPA/UHC Community Plan/UHC Dual Complete** (Requires Paper Referral)
  - **Care 1<sup>st</sup> / One Care** (Requires Paper Referral)
  - **Cenpatico Integrated Care** (Requires Paper Referral)
  - **Health Net Access** (Requires Paper Referral)
  - **Mercy Maricopa Integrated** (Requires Paper Referral)
- **UFC /Advantage** (Requires Paper Referral)
- Blue Cross/Blue Shield (**Not Contracted with Blue Alliance or Advantage**)
- CIGNA (Need Paper Referral if HMO) (**Not contracted with Cigna Medicare or Local Plus**)
- GILSBAR
- Golden Rule
- Health Net (Requires Paper Referral if HMO)  
(**Not Contracted with Banner Network, Ruby Select, Excel Network, HMO AZ PCP, HMO AZ IFP, or Market Place**)
- Humana (Requires referral/auth if HMO)
- Lien (Must be through AI Med Solutions)
- Medicare
- Optum Medical Network
- PacifiCare (Requires Paper Referral)
- Rail Road Medicare
- Southwest Service Administration
- Tricare (Tricare Prime requires PCM referral with Auth #)
- UMR (**Not contracted with MIHS Network**)
- United Health Care (**Not contracted with Select Plus, Evercare, Long Care Term**)
- VA (**Procedures only, cannot provider medications**)
- Workman's Compensation (Auth required)

**\*\*\*\*Not Contracted with any Banner Plans/Networks, PCHS, Market Place or Beach Street\*\*\*\***

**\*\*Can take All AHCCCS plans as secondary insurance\*\***

### NEXT DAY APPOINTMENTS AVAILABLE!!!!!!

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