

☎ 866.974.2673 | CORE Refer Fax 📠 877.645.8361

SECURE MESSAGING: portal.services@thecoreinstitute.direct-ci.net

Step 1: Fax this form, along with the patient's referral (if applicable) with the designated specialty to **877.645.8361**

Step 2: A Medical Office Scheduler will contact the patient within 24 hours to schedule an appointment with the appropriate provider

Step 3: You will receive a confirmation of your patients' appointment status or if we were unable to reach the patient

PHYSICIAN INFORMATION

Referring Physician: _____ NPI Number: _____

Contact Name: _____ Phone Number: _____

VISIT INFORMATION (CHECK ONE IN EACH CATEGORY)

SPECIALTY REQUESTED

- Bone Health
- Neurology
- Orthopedics/Spine Care
- Pain Management*
- Podiatry
- Surgical Spine Consult **ONLY**

AREA REQUESTED

- Gilbert
- Mesa
- North Phoenix
- Peoria/Sun City
- Scottsdale
- Sun City West
- West Phoenix

TIME REQUESTED

- STAT
- First Available
- Less Than One Week
- Patient's Convenience

VISIT TYPE

- New
- Follow-Up
- ER Follow-Up
- Workers' Comp
- Liability
- Date of Injury: _____

* Must indicate specific physician for pain management, please see back for details

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Guardian Name (if applicable): _____ DOB: _____

Reason for Visit/Diagnosis: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____

Secondary Insurance: _____ ID #: _____

Cardholder's Name: _____ DOB: _____

Please refer to the insurance guide to determine if the patient requires a referral; if a referral is required, please note we will need to receive the referral from your office prior to seeing the patient.

When sending the referral, please include the approved number of visits and valid date range (i.e. 90 days)

The CORE Institute offers comprehensive musculoskeletal care including neurology, orthopedics, pain management and surgical spine care. Due to many insurance requirements, the specialty and in some cases a specific provider name is required on the referral. Please use the guide below to refer your patients to the appropriate specialty, provider and referral requirements.

ORTHOPEDIC & NEUROLOGY REFERRALS

Write referral to: "The CORE Institute"

The CORE Institute scheduling department will schedule your patient with the appropriate provider based on location, insurance and reason for referral/diagnosis.

Indications Include (but not limited to):

- Joint Pain
- Fracture Care
- Osteoarthritis
- Sports Injuries
- Rotator Cuff, ACL, & Labrum Tears
- Radiating Pain in Neck, Arms, Back & Legs
- Carpal Tunnel Syndrome
- Tennis Elbow
- Biceps Rupture
- Degenerative Joint Disease
- Bone Tumors/Lesions
- Headache Medicine
- Clinical Neurophysiology
- Neuromuscular Medicine

ORTHOPEDIC REFERRALS: BONE HEALTH

Write referral to: "The CORE Institute" Specialty: "Orthopedics"

Our scheduling department will schedule your patient with the appropriate provider based on location, insurance and reason for referral/diagnosis.

Indications Include (but not limited to):

- Osteoporosis
- Vitamin D & Nutritional Deficiencies
- Disorders of Bone Density and Structure

*INTERVENTIONAL SPINE / PAIN MANAGEMENT

Write referral to: A specific pain provider

Interventional Spine/Pain Management referrals require a specific provider to be listed on all referrals. **Please see our provider list and select of one our pain management providers.**

Indications Include (but not limited to):

- Chronic Pain
- Degenerative Disc Disease
- Fibromyalgia
- Neuropathic Pain
- Radiculopathy
- Sciatica
- Spinal Stenosis
- Localized Back Pain

REFERRAL CHECKLIST

When sending referrals to The CORE Institute:

To better serve our patients and our referring offices, we have put together a checklist of items needed to successfully process your patient's referral.

Please use the list to the side and confirm your patient's referrals include the following information.

For Reference:

The CORE Institute NPI #1427095801

The CORE Institute Tax ID #20-1778316

- Name of Patient
- Date of Birth
- Patient's Contact Number
- Valid Dates or Range
 - Ex: Referral good for 3 months, 6 months, etc.
- Number of Authorized Visits
 - Ex: Eval and treat = 2 visits
 - Ex: Eval and treat, 6 visits = 1 eval & 5 office visits
- Body Part and /or Diagnosis
- Specialty
 - Orthopedic (Includes Bone Health)
 - Pain Management **must indicate specific physician**
 - Podiatry
 - Neurology
- Correct Insurance Information
- Referring Physician Information

PLEASE BE AWARE: IF THE PATIENTS INSURANCE REQUIRES A REFERRAL, WE MUST RECEIVE THE REFERRAL FROM YOUR OFFICE PRIOR TO THE PATIENTS SCHEDULED APPOINTMENT IN ORDER TO BE SEEN.