

Thank you for your referral. This form is important to us for a few reasons. It allows us to register, contact and schedule an appointment for your patient effectively and efficiently and it ensures we receive the diagnosis and ICD-10 code(s) so your patient is scheduled with the appropriate sub-specialty. Most importantly, this form allows us to correspond accordingly and return your patient to your care.

To ensure timely processing, please complete this form and submit it with the applicable items listed on the second page to our ophthalmology referral team's fax number (855) 376-5057

Date of referral: _____ Referring physician/Group: _____

Office Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION (please print)

Last: _____ First: _____ Date of birth (MM/DD/YY): _____ Sex: ☐ M ☐ F

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Caregiver: _____

Insurance: _____ Policy# _____

HMO's require approved authorization before we can schedule. Please see back-side for codes needed for specific diagnosis.

PRIORITY If urgent (<72 hours), please call our office for the patient to be scheduled quickly.

Diagnosis: _____	ICD-10: _____
-------------------------	----------------------

<p>Cataracts, Cornea, External Disease and Refractive</p> <p><input type="checkbox"/> Marjan Farid, MD</p> <p><input type="checkbox"/> Sumit (Sam) Garg, MD</p> <p><input type="checkbox"/> Sanjay Kedhar, MD</p> <p><input type="checkbox"/> Olivia Lee, MD</p> <p><input type="checkbox"/> Matthew Wade, MD</p> <p><input type="checkbox"/> First Available</p> <p>Comprehensive</p> <p><input type="checkbox"/> Kavita K. Rao, MD</p> <p>Glaucoma and Cataracts</p> <p><input type="checkbox"/> Austin Fox, MD, MD</p> <p><input type="checkbox"/> Ken Lin MD, PhD</p> <p><input type="checkbox"/> Sameh Mosaed, MD</p> <p><input type="checkbox"/> Andrew Smith, MD</p> <p><input type="checkbox"/> First Available</p>	<p>Pediatric Ophthalmology and Strabismus</p> <p><input type="checkbox"/> Charlotte Gore, MD</p> <p><input type="checkbox"/> Donny Suh, MD</p> <p><input type="checkbox"/> Stephen Prepas, MD</p> <p><input type="checkbox"/> First Available</p> <p>Neuro-Ophthalmology</p> <p><input type="checkbox"/> R. Wade Crow, MD</p> <p><input type="checkbox"/> Lilangi Ediriwickrema, MD</p> <p><input type="checkbox"/> Vivek Patel, MD</p> <p><input type="checkbox"/> Samuel Spiegel, MD</p> <p><input type="checkbox"/> First Available</p> <p>Oculoplastics/Orbit Surgery</p> <p><input type="checkbox"/> Lilangi Ediriwickrema, MD</p> <p><input type="checkbox"/> Jeremiah Tao, MD</p> <p><input type="checkbox"/> First Available</p> <p>Ocular Oncology</p> <p><input type="checkbox"/> Kapil Mishra, MD</p>	<p>Retina and Vitreous</p> <p><input type="checkbox"/> Andrew Browne, MD, PhD</p> <p><input type="checkbox"/> Baruch Kuppermann, MD, PhD</p> <p><input type="checkbox"/> Stephanie Y. Lu, MD</p> <p><input type="checkbox"/> Mitul Mehta, MD</p> <p><input type="checkbox"/> Kapil Mishra, MD</p> <p><input type="checkbox"/> Mohammed Riazi, MD</p> <p><input type="checkbox"/> First Available</p> <p>Uveitis</p> <p><input type="checkbox"/> Sanjay R. Kedhar, MD</p> <p><input type="checkbox"/> Olivia Lee, MD</p> <p><input type="checkbox"/> First Available</p> <p>Low Vision</p> <p><input type="checkbox"/> Karen Lin, OD</p> <p>Pediatric Optometry</p> <p><input type="checkbox"/> Annabelle Storch, OD</p> <p><input type="checkbox"/> Kimberly Walker, OD</p>
--	--	---

For updated PDF Referral forms: <https://ophthalmology.uci.edu/refer-patient>

Please fax applicable items to (855) 376-5057

To expedite appointment scheduling, please provide the following

- ☐ Face-sheet with complete patient demographic information (if not provided on 1st page)
- ☐ Insurance information; copy of insurance card front and back
- ☐ Benefits ID Card (BIC) number and Client ID number (CIN) – For Medi-Cal Health Plans
- ☐ HMO Patients - Please request the following CPT codes for the applicable diagnosis for us to provide same-day testing
 - Cataract - 99204, 92136, 92025, 92134
 - Keratoconus - 99204, 92025
 - Corneal Transplant/Edema - 99204, 92025, 92286
 - Corneal Ulcer - 99204, 65430, 92132, 92285
 - Conjunctival Tumor - 99204, 92132, 92285
 - Pterygium - 99204, 92025, 92285
 - Dry Eye - 99204, 92025
 - Glaucoma - 99204, 92083, 92133, 92134, 76514, 92020
 - Neuro - 99205 or 99245, 92083, 92133, 92060
 - Oculoplastics Orbit - 99205 or 99245, 92083, 92133, 92060
 - Oculoplastics Ptosis/Droopy Lids - 99204, 92083
 - Nasolacrimal Duct Obstruction/Tearing - 99204, 68810
 - Pediatrics - 99204, 92060, 92015
 - Retina - 99204, 92134, 92201, 92202
 - Uveitis - 99205, 92134, 92250, 92235
 - Low Vision - 99205, 92081

Please add G0463 for patients with Medicare Advantage Plans

- ☐ Diagnosis not listed above with the applicable ICD-10 Code
- ☐ Medical Records – Last progress note and any recent diagnostic testing (if applicable).

Contacts

Referral Center (714) 456-7001 - please contact if you have any questions regarding submitting a referral or to check status on a referral.

Medical Records - If you have not received your patient chart notes, you can **email your request to roi@hs.uci.edu or fax your request to 714-456-7576**. Request must be on business letterhead. There is a 7-10 day turnaround time, unless your patient has a same day appointment (please write "STAT" at the top of the request). Please call 714-456-5670 with any questions.

Call Center (949) 824-2020 - Call to request an appointment or to check status on your patients past or upcoming appointment.

Luis Delgado, Director of Business Development - Contact for any questions, immediate concerns or assistance. Can also facilitate peer-to-peer meeting. **Mobile (626) 643-4557. Email: Luisd2@hs.uci.edu.**

Expectations

- Your referral will be initiated within 48 hours. All PPOs or straight Medicare patients will quickly move to our patient access center to contact your patient. Any HMOs will require an authorization, and if not requested, this can take 3-5 days from the insurance company. If we are not contracted with the patient's insurance group, we will request a letter of authorization (LOA) which can take approximately 30 days (non urgent). When we have everything, we will send you a fax notification the referral has been processed, and your patient will now be contacted to schedule an appointment
- Once the referral is processed, your patient will receive a text notifying them to call and schedule their appointment when convenient. A letter will also be mailed informing them of the same.