UCI Health Gavin Herbert Eye Institute

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	e print)		
Last:	First:	Date of birt	:h (<i>MM/DD/YY</i>): Sex: 🖵 M 🖵 F
Address:		City:	Zip:
Phone:	Email:		Caregiver:
Insurance:		Policy#	
			for codes needed for specific diagnosis.
PRIORITY If urgent (<72 hou	ırs), please call ou	r office for the patient to be so	cheduled auickly.
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Diagnosis:		ICD-10:	
Cataracts, Cornea, External Disease and Refractive		atric Ophthalmology and pismus	Retina and Vitreous Andrew Browne, MD, PhD
Soroosh Behshad, MD	🖵 Ch	arlotte Gore, MD	 Andrew Browne, MD, FID Baruch Kuppermann, MD, PhD
🗅 Marjan Farid, MD	🖵 Do	onny Suh, MD	 Stephanie Y. Lu, MD
Sumit (Sam) Garg, MD	🗅 Ste	ephen Prepas, MD	Mitul Mehta, MD
Sanjay Kedhar, MD	🖵 Fin	st Available	Kapil Mishra, MD
Olivia Lee, MD	Neur	o-Ophthalmology	Mohammed Riazi, MD
Matthew Wade, MDFirst Available	🖵 R.	Wade Crow, MD	First Available
	🗅 Lil	angi Ediriwickrema, MD	Uveitis
Comprehensive	🖵 Vi	vek Patel, MD	Sanjay R. Kedhar, MD
📮 Kavita K. Rao, MD	🖵 Sa	muel Spiegel, MD	Olivia Lee, MD
	🗅 Fir	rst Available	First Available
Glaucoma and Cataracts	Ocule	oplastics/Orbit Surgery	Low Vision
Austin Fox, MD, MD		angi Ediriwickrema, MD	Karen Lin, OD
 Ken Lin MD, PhD Sameh Mosaed, MD 		remiah Tao, MD	
		 First Available 	Pediatric Optometry
 First Available 	01	or Oncolomy	Annabelle Storch, OD
		ar Oncology	Kimberly Walker, OD
	🖵 Ka	pil Mishra, MD	

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

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Please fax applicable items to (855) 376-5057

To expedite appointment scheduling, please provide the following

Face-sheet with complete patient demographic information	n (if not provided on 1st page)			
Insurance information; copy of insurance card front and bac				
Benefits ID Card (BIC) number and Client ID number (CIN) – F	For Medi-Cal Health Plans			
HMO Patients - Please request the following CPT codes for th	ne applicable diagnosis for us to provide same-day testing			
 Cataract - 99204, 92136, 92025, 92134 	• Ocular Oncology - 99204, 92134, 92201, 92202, 76510			
• Keratoconus - 99204, 92025	• Oculoplastics Orbit - 99205 or 99245, 92083, 92133, 92060			
 Corneal Transplant/Edema - 99204, 92025, 92286 	Oculoplastics Ptosis/Droopy Lids - 99204, 92083			
 Corneal Ulcer - 99204, 65430, 92132, 92285 	Nasolacrimal Duct Obstruction/Tearing - 99204, 68810			
• Conjunctival Tumor - 99204, 92132, 92285	 Pediatrics - 99204, 92060, 92015 			
• Pterygium - 99204, 92025, 92285	 Retina - 99204, 92134, 92201, 92202 			
• Dry Eye - 99204, 92025	 Strabismus - 99205, 92083, 92133, 92060 			
• Glaucoma - 99204, 92083, 92133, 92134, 76514, 92020	 Uveitis - 99205, 92134, 92250, 92235, 92202 			
 Neuro - 99205 or 99245, 92083, 92133, 92060 	 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 guickly 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.

UCI Health

www.ophthalmology.uci.edu