UCI Health

Gavin Herbert Eye Institute

OPHTHALMOLOGY SERVICES NEW PATIENT REFERRAL

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:
PATIENT INFORMATION (please			
Last:	First:	Date of	F birth (<i>MM/DD/YY</i>): Sex: □ M □ F
Address:		City:	Zip:
Phone:	Email:		Caregiver:
Insurance:		Policy#	
			-side for codes needed for specific diagnosis.
PRIORITY If urgent (<72 hou	ırs), please call ou	r office for the patient to I	pe scheduled quickly.
Diamasia		ICD 10.	
Diagnosis:		іср-іо:	
Cataracts, Cornea, External Disease and Refractive		diatric Ophthalmology d Strabismus	Retina and Vitreous
 □ Soroosh Behshad, MD □ Marjan Farid, MD □ Sumit (Sam) Garg, MD □ Sanjay Kedhar, MD □ Olivia Lee, MD □ Matthew Wade, MD □ First Available Glaucoma and Cataracts □ Austin Fox, MD □ Ken Lin, MD □ Sameh Mosaed, MD □ Andrew Smith □ First Available 		☐ Charlotte Gore, MD ☐ Donny Suh, MD ☐ Stephen Prepas, MD ☐ First Available Neuro-Ophthalmology ☐ R. Wade Crow, MD ☐ Lilangi Ediriwickrema, MD ☐ Vivek Patel, MD ☐ Samuel Spiegel, MD ☐ First Available Oculoplastics/Orbit Surgery ☐ Lilangi Ediriwickrema, MD ☐ Seanna Grob, MD ☐ Jeremiah Tao, MD ☐ First Available ☐ First Available	□ Andrew Browne, MD, PhD □ Baruch Kuppermann, MD, PhD □ Stephanie Y. Lu, MD □ Mitul Mehta, MD □ Kapil Mishra, MD □ Mohammed Riazi, MD □ First Available Uveitis □ Sanjay R. Kedhar, MD □ Olivia Lee, MD □ First Available Low Vision □ Karen Lin, OD Pediatric Optometry □ Annabelle Storch, OD
		cular Oncology Kapil Mishra, MD	☐ Kimberly Walker, OD

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

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

Please fax applicable items to (855) 376-5057

To expedite appointment scheduling, pleas	se provide the following			
 □ Face-sheet with complete patient demographic informa □ Insurance information; copy of insurance card front and be a Benefits ID Card (BIC) number and Client ID number (CIN) □ HMO Patients - Referral requires POS Type 22 On Campudiagnosis for us to provide same -day testing: 	pack			
 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 	 Ocular Oncology - 99204, 92134, 92201, 92202, 76510 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 Strabismus - 99205, 92083, 92133, 92060 Uveitis - 99205, 92134, 92250, 92235, 92202 Low Vision - 99205, 92081 			
Cal Optima patients - add <u>Z7500</u> for all appointments Medicare Advantage Plans - add <u>G0463</u>				
Diagnosis not listed above with the applicable ICD-10 Co	ode			

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 – Last progress note and any recent diagnostic testing (if applicable).

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.

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