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 p		
Last:	First: Date of	birth (<i>MM/DD/YY</i>): Sex: 🖵 M 🖵 F
		Zip:
		Caregiver:
Insurance:		
	ation before we can schedule. Please see back-s	
	s), please call our office for the patient to b	
	s), please can our office for the patient to b	
Diagnosis:	ICD-10:	
Cataracts, Cornea, External	Pediatric Ophthalmology	Retina and Vitreous
Disease and Refractive	and Strabismus	Andrew Browne, MD, PhD
Soroosh Behshad, MD	Charlotte Gore, MD	Baruch Kuppermann, MD, PhD
📮 Marjan Farid, MD	Donny Suh, MD	Stephanie Y. Lu, MD
Sumit (Sam) Garg, MD	Stephen Prepas, MD	Mitul Mehta, MD
🖵 Sanjay Kedhar, MD	First Available	Kapil Mishra, MD
Olivia Lee, MD	Neuro-Ophthalmology	Mohammed Riazi, MD
Matthew Wade, MD	R. Wade Crow, MD	First Available
First Available	 Lilangi Ediriwickrema, MD 	Uveitis
Comprehensive	Vivek Patel, MD	Sanjay R. Kedhar, MD
Alpa Patel, MD	Samuel Spiegel, MD	
	First Available	Olivia Lee, MD
Glaucoma and Cataracts		First Available
Austin Fox, MD	Oculoplastics/Orbit Surgery	Low Vision
📮 Ken Lin, MD	📮 Lilangi Ediriwickrema, MD	Karen Lin, OD
Sameh Mosaed, MD	📮 Seanna Grob, MD	Dedietuie Outeurseture
Andrew Smith	📮 Jeremiah Tao, MD	Pediatric Optometry
First Available	First Available	Annabelle Storch, OD
	Ocular Oncology	Kimberly Walker, OD

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

Kapil Mishra, MD

UCI HEALTH | Gavin Herbert Eye Institute

101 The City Drive S. Pav II, 2nd Floor, Orange, CA 92868 | 949-824-2020

UCI Health

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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 (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 - Referral requires **POS Type 22 On Campus Hospital** and 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 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

- 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
- Low Vision 99205, 92081 •

Cal Optima patients - add Z7500 for all appointments Medicare Advantage Plans - add G0463

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.

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