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:	Referrir	ng physician/Group:					
Office Address:		City:		Zip:			
				·			
PATIENT INFORMATION (pleas							
Last:	First:		Date of birth (MM)	/DD/YY): Sex: □ M □ F			
Address:		City:		Zip:			
Phone:	Email:		Caregi	ver:			
Insurance:		Policy#					
				des needed for specific diagnosis.			
PRIORITY If urgent (<72 ho	urs), please call	our office for the patie	nt to be schedul	ed quickly.			
Diamosis		ICD 1	0.				
Diagnosis:		ICD-1	U:				
Cataracts, Cornea, External		Pediatric Ophthalmolo	gy	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	jan Farid, 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 ☐ Lilangi Ediriwickrema, MD		☐ First Available			
☐ First Available							
		☐ Vivek Patel, MD	1, IVID	Uveitis			
Comprehensive and Cataracts	5			Sanjay R. Kedhar, MD			
☐ Alpa Patel, MD		☐ Samuel Spiegel, MD☐ First Available		Olivia Lee, MD			
Glaucoma and Cataracts		- First Available		☐ First Available			
☐ Austin Fox, MD		Oculoplastics/Orbit Su	rgery	Low Vision			
☐ Ken Lin, MD		☐ Lilangi Ediriwickrema	, MD	☐ Karen Lin, OD			
☐ Sameh Mosaed, MD		Seanna Grob, MD		a Karch Elli, OD			
☐ Andrew Smith		Jeremiah Tao, MDFirst Available		Pediatric Optometry			
☐ First Available				Annabelle Storch, OD			
- That Available		Ocular Oncology		☐ Kimberly Walker, OD			
		☐ Kapil Mishra, MD					

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 exped	ite appo	intment so	hedu	ling, p	lease	provid	e the fo	llowing

Face-sheet with complete patient demographic inform	mation (if not provided on 1st page)
☐ Insurance information; copy of insurance card front an	d back
Benefits ID Card (BIC) number and Client ID number (C	IN) – For Medi-Cal Health Plans
☐ HMO Patients - Referral requires POS Type 22 On Carr	npus Hospital and the following CPT codes for the applicable
diagnosis for us to provide same -day testing:	
 Cataract - 99204, 92136, 92025, 92134 	 Ocular Oncology - 99204, 92134, 92250, 92235, 92240, 76
 Keratoconus - 99204, 92025 	 Oculoplastics Orbit - 99205 or 99245, 92083, 92133, 9206
 Corneal Transplant/Edema - 99204, 92025, 92286 	 Oculoplastics Ptosis/Droopy Lids - 99204, 92083

- 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

- 6512
- 50
- Nasolacrimal Duct Obstruction/Tearing 99204, 68810
- Pediatrics 99204, 92060, 92015, 92134
- Retina 99204, 92134, 92201, 92202
- Strabismus 99205, 92083, 92133, 92060
- Uveitis 99205, 92134, 92250, 92235, 92202
- 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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