

**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:** \_\_\_\_\_

**Cataracts, Cornea, External  
Disease and Refractive**

- ☐ Soroosh Behshad, MD
- ☐ Marjan Farid, MD
- ☐ Sumit (Sam) Garg, MD
- ☐ Sanjay Kedhar, MD
- ☐ Olivia Lee, MD
- ☐ Matthew Wade, MD
- ☐ First Available

**Comprehensive and Cataracts**

- ☐ Alpa Patel, MD

**Glaucoma and Cataracts**

- ☐ Austin Fox, MD
- ☐ Ken Lin, MD
- ☐ Sameh Mosaed, MD
- ☐ Andrew Smith
- ☐ First Available

**Pediatric Ophthalmology  
and Strabismus**

- ☐ 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

**Ocular Oncology**

- ☐ Kapil Mishra, MD

**Retina and Vitreous**

- ☐ 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
- ☐ Kimberly Walker, OD

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

**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
  - Conjunctival Tumor - 99204, 92132, 92285
  - Pterygium - 99204, 92025
  - Glaucoma - 99204, 92083, 92133, 76514, 92020
  - Neuro- 99205 or 99245, 92083, 92133, 92060
  - Ocular Oncology - 99204, 92134, 92250, 92235, 92240, 76512
  - Oculoplastics Orbit - 99205 or 99204, 92083, 92133
  - Oculoplastics Ptosis/Droopy Lids - 99204, 92083
  - Nasolacrimal Duct Obstruction/Tearing - 99204, 68810
  - Pediatrics - 99204, 92060
  - Retina - 99204, 92134, 92201, 92202
  - Strabismus - 99204, 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](mailto: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](mailto: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.