

REFERRING OFFICE, ALSO FAX:

- Order
- Most recent labs
- Supporting clinical notes

Referral Checklist

Learn more at <https://redbankinfusioncenter.com/referrals/>



NOTE: When sending a referral, the Referral Checklist is not required. The information specified must be included, either on this form or on attached documentation. Red Bank Infusion Center **recommends using** its [therapy-specific order forms](#) to expedite prior authorization.

Patient Demographics

Patient demographics attached (If YES, you may skip the Patient Demographics section.)

Patient Name _____	DOB _____
Address _____	Email _____
City, State, Zip Code _____	Home Phone _____
	Mobile Phone _____

Patient Insurance

Front and back of insurance card attached (If YES, you may skip the Patient Insurance section.)

Primary Payer _____	Group # _____
Subscriber Name _____	ID # _____
Secondary Payer _____	Group # _____
Subscriber Name _____	ID # _____

Order, Diagnosis, and Clinical Information

Order, Diagnosis and Clinical Information attached

(Please go to <https://redbankinfusioncenter.com/referrals> to download an infusion therapy-specific order forms and review the supporting clinical history and information.)

Contact Information*

Contact Information attached (If YES, you may skip the Contact Information section below.)

Contact Name _____	Practice Name _____
Title _____	Phone _____ Email _____

PLEASE REMEMBER TO INCLUDE:

- The **provider's order** for infusion therapy
- The patient's **most recent labs**
- Supporting **clinical notes**