Mercy MEDICAL CENTER DES MOINES
A member of Mercy Health Network

PILOT

Outpatient Infusion Referral and Order

All information is to be completed, prior to scheduling the initial infusion appointment. Indicate "N/A" when appropriate.

DEMOGRAPHIC INFORMATION

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____ City, State, Zip: _____

Social Security #:_____ Patient's Phone #:_____

CLINICAL INFORMATION:

Patient Allergies: _____ Height: _____Weight: _____kg or **lbs**

Physician: _____ Diagnosis:_____

Medication or Blood Product: _____ Infusion Dose: _____

Frequency/Duration: _____❑ Clinical Trial or **❑ Drug Replacement Program**

Anemia related to: ❑ Neoplastic Disease OR
❑ CKD OR ❑ Treatment Related Anemia
Date of Labs: ____/____/____ Hgb: _____ Hct: _____

Disease: _____
❑ Primary OR ❑ Metastatic

Calc Creatinine Clearance:_____(≥35 mL/min)
Normal Serum Calcium Level: ❑ Yes OR ❑ No

FINANCIAL INFORMATION:

Insurance: _____ Policy #:_____ Effective Date____/____/____

Authorization Contact (Name):_____ Phone Number: _____

Date: _____/_____/_____ Covered Benefit: ❑ YES ❑ NO Prior Authorization: ❑ YES ❑ NO

Prior-Authorization # or Mercy FA#:_____ Authorization Date____/____/____ to ____/____/____

Compendia (if indicated)**: _____ Medical Necessity Information:_____**

Additional Information or Comments: _____

Ordering Clinician Signature **Phone Number** **Date/Time**

Fax the following information:

- ❑ H&P (less than 30 days old or updated focus note on patient's condition) to Infusion Center
- ❑ Current medication list to Infusion Center
- ❑ Patient's Financial Information (1040 Tax Forms, Other Financial Application Forms, if indicated) to Financial Counselor
- ❑ Advance Beneficiary Notice (ABN) signed, if indicated with Financial Counselor

Ambulatory Infusion Center – West 1
West 1
Phone: 515-643-8768
Fax: 515-643-8926

Outpatient Treatment Center
8 South
Phone: 515-643-2006
Fax: 515-643-8834

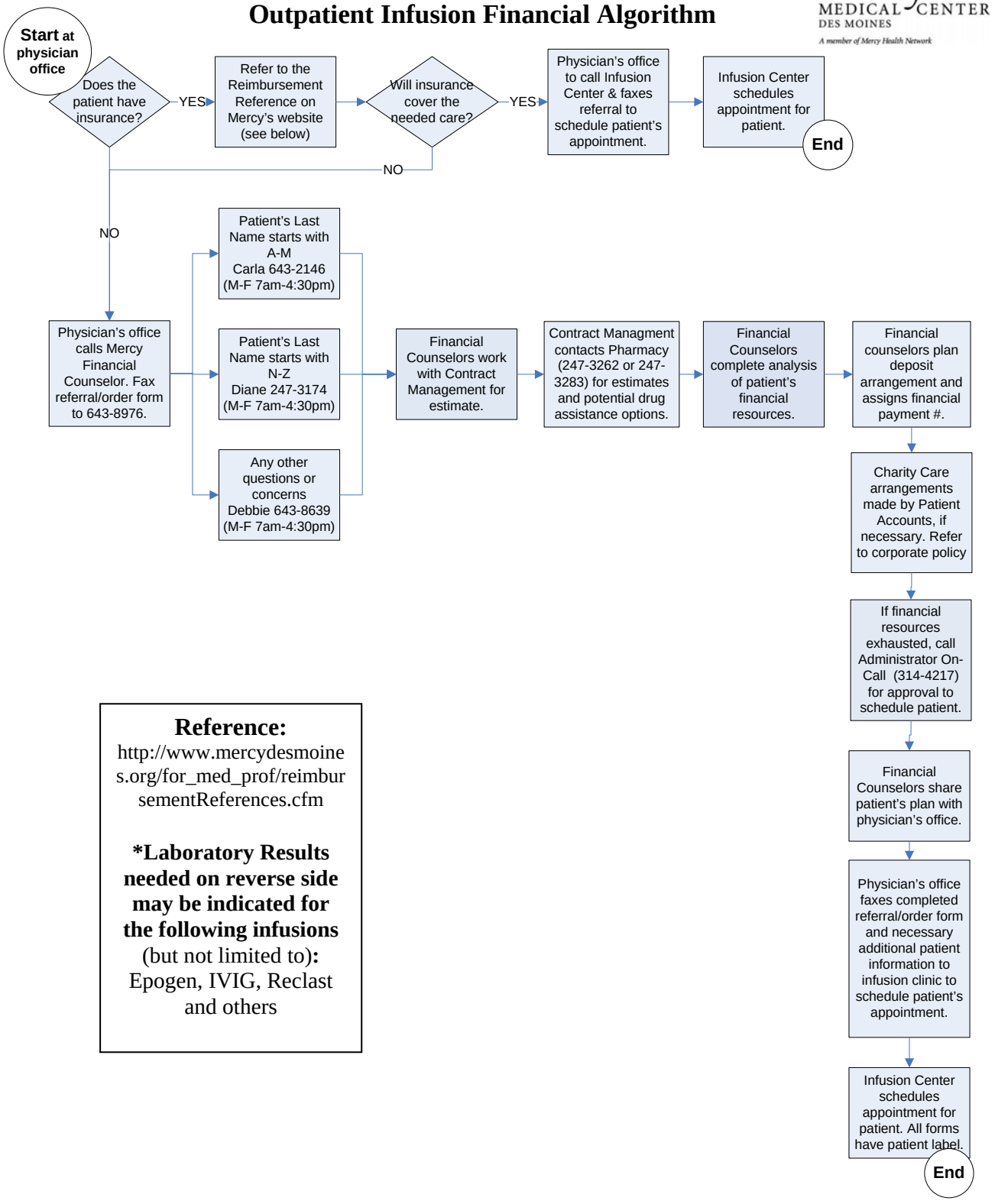
Heart Failure Treatment Center
9 South
Phone: 515-643-2775
Fax: 515-643-8916

Please see reverse side for Mercy Financial Resource Algorithm.

Patient Chart Copy

PILOT

Outpatient Infusion Financial Algorithm



Reference:
http://www.mercydesmoines.org/for_med_prof/reimbursementReferences.cfm

***Laboratory Results needed on reverse side may be indicated for the following infusions** (but not limited to)**:**
Epogen, IVIG, Reclast and others

6010-110-W-2S-3 (Revised 02-02-09)