Centers for Children
Referred Patient Requisition Form
Ancillary Services

Mother's First Name:

Patient's Birthdate: Phone #:

Patient's Address:

Patient Name:

Patient 8 Digit ACH Account#:

Patient 6 Digit ACH Unit#:

Date of Service:

Referring Institution:

Referral # :

Referring / Ordering MD:

Referring MD License# :

Physician NPI #:

Referring MD Qualchoice # (if Applicable):

Referring MD UPIN :

Attending MD:

Primary Care MD:

Primary Care MD Medicaid #:

Guarantor: Phone #:

Guarantor's Relationship to Patient:

Guarantor's Address:

Insurance / Other Coverage Name: Phone #:

Insurance / Other Coverage Address:

Insured's Name: Insured's DOB:

Insured's Relationship to Paitent:

Group Name and #:

Insured's Policy #:

WRITE THE TEST / PROCEDURE / SUPPLY, LOCATION, AND THE APPROPRIATE DIAGNOSIS CODE IN THE SPACES BELOW.
All orders for tests /procedures /supplies must include the diagnosis /medical reason for the test. This must be an ICD9 Diagnosis Code.
All orders for supplies must also include the quantity.

Procedure / Supply	Location / Department	ICD-9 Diagnosis (5-digit code) Please indicate the specific diagnosis code requiring the ordered test/procedure/supply. Do not use "rule out" diagnoses and avoid using "V" codes
Example: Pulmonary Function Test	**Pulmonary Lab**	**493.90 Asthma NOS**
Example: 20 each Fluff Roll-4 inch	**Supply Cart**	**946.0 Burn NOS Multiple Site**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Contact Person: Fax Results #: Phone Results #:

Address to Mail Results:

The undersigned physician certifies that the ordered tests/procedures/supplies are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

PHYSICIAN SIGNATURE: DATE:

PHYSICIAN NAME PRINTED:

NOTE: ORDERS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE INFORMATION COMPLETED AND THE PHYSICIAN'S SIGNATURE AFFIXED.

Please fax this form to: **Centers for Children**
Fax: (479) 756-4154

OR...Have the patient bring the completed form with them when they arrive for the test/procedure/supply.

REF.PT.REQ.ANC

November 7, 2007