



BLEEDING DISORDERS PATIENT REFERRAL FORM

TODAY'S DATE _____

PLEASE FAX REFERRAL FORM TO:

- BiologicTx - NJ**
TEL: 877-567-8087 FAX: 877-567-8089
- BiologicTx - CA**
TEL: 800-404-1963 FAX: 800-404-4595
- BiologicTx - IL**
TEL: 888-892-7607 FAX: 877-567-8089
- Decillion Healthcare**
TEL: 800-622-9321 FAX: 866-548-8849

- Elwyn Specialty Care**
TEL: 855-359-9679 FAX: 610-545-6030
- Factor Support Network**
TEL: 877-376-4968 FAX: 805-482-6324
- Matrix Health**
TEL: 877-337-3002 FAX: 888-385-2805
- Med Center Specialty Pharmacy**
TEL: 855-633-5633 FAX: 304-344-0655
- MedEx BioCare**
TEL: 800-962-6339 FAX: 901-382-3091

REFERRAL INFORMATION

Referral Type: New Referral On-Service Patient Existing Patient (Previously DCed)
 Referred By _____ Nursing Required? No Yes
 Who is servicing the patient? _____

PATIENT INFORMATION

Last Name _____ First name _____ MI _____
 DOB _____ Minor? No Yes
 Street Address _____ City _____ State _____ Zip _____
 Tel _____ Alternate Tel _____ Email _____

CLINICAL INFORMATION

Additional clinical information required prior to shipping medications

Diagnosis _____ Severity: Mild Moderate Severe Inhibitor
 Product _____ Dose _____ Shipment needed by _____
 Referring Physician _____ Phone _____ State _____

INSURANCE INFORMATION

Attach copies of insurance cards (front and back)

Insured's Name _____ DOB _____ Relation to Patient _____
 Insured's Employer _____ Employer Phone _____
 Primary Insurance _____ Insurance Phone _____
 Eligible for Medicare? Yes No If yes, Medicare# _____ State _____
 Member ID _____ Group # _____ RX Phone _____
 RX Drug Plan _____ BIN# _____ PCN# _____
 RX ID# _____ RX Group# _____

SECONDARY INSURANCE

if applicable

Insured's Name _____ DOB _____ Relation to Patient _____
 Insured's Employer _____ Employer Phone _____
 Primary Insurance _____ Insurance Phone _____
 Eligible for Medicare? Yes No If yes, Medicare# _____ State _____
 Member ID _____ Group # _____ RX Phone _____
 RX Drug Plan _____ BIN# _____ PCN# _____
 RX ID# _____ RX Group# _____