WVU Medicine

CENTER FOR INTEGRATIVE
PAIN MANAGEMENT

Referral

PHONE: **304-598-6216** FAX: **304-598-2602**

1075 Van Voorhis Road, Suites 150 & 200
Morgantown, WV 26505

Suite 150 owned and operated by WVU Hospitals.
Suite 200 owned and operated by University Health Associates.

IMPORTANT NOTES

- **Fill in patient signs / symptoms and diagnosis.**
- **Include MRI or CT results, demographics, insurance authorization number (if required), and all other necessary medical documents.**
- **WVU Medicine Center for Integrative Pain Management will not assume patient's narcotic management.**
- **Please sign below.**

REFERRING / REQUESTING OFFICE INFORMATION

Request Date: _____/_____/_____ Physician Name: _____

Address: _____

Phone #: _____ Fax #: _____

PATIENT DEMOGRAPHICS

Name: _____ DOB: _____/_____/_____

Address: _____ State, Zip: _____

SSN #: _____ Phone #: _____ MRI / CT Scan Date: _____/_____/_____

Signs/Symptoms: _____

Diagnosis: _____

PATIENT INSURANCE INFORMATION

Please check if: ☐ **NO INSURANCE**

Insurance Company: PRIMARY _____ SECONDARY _____

Type ☐ **HMO** ☐ **PPO** Authorization #: _____ Dates: _____

Workers Compensation: ☐ **WV** ☐ **PA** ☐ **OH** ☐ **MD** OTHER _____

Case Manager: _____ Phone #: _____

Claim #: _____ DOI: _____ ICD-9 #: _____

Authorization #: _____ Comp Referring Physician: _____

Signature of requesting provider / office staff: _____