WVU Medicine

PAIN MANAGEMENT CENTER

Owned and operated by University Health Associates

Consultation / Referral

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

1075 Van Voorhis Road, Suite 150
Morgantown, WV 26506

Please check one: ☐ **Consultation** ☐ **Referral**

IMPORTANT NOTES

- **Check the appropriate request for services (indicated above).**
- **Fill in patient diagnosis / condition / signs and symptoms.**
- **Include MRI or CT results if available, demographics, insurance authorization number (if required), and all other necessary medical documents.**
- **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: _____/_____/_____

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: _____