OUTPATIENT INFUSION CENTER ORANGE REGIONAL MEDICAL CENTER NEW PATIENT INTAKE FORM (MUST BE USED EVER TIME A NEW PATIENT IS BOOKED)

| ' | |
|-----------------------|-------------------|
| NAME: PSZONO | Gorzynki' |
| DOB: 4/29 55 | |
| PT'S PHONE #: 845 | -726-378 |
| PROCEDURE: Recil | 154 |
| DATE OF PROC: | |
| DURATION: | arly |
| DIAGNOSIS: M | 7. O |
| NAME OF PERSON TALKED | TOO: Den 3 |
| PHYSICIAN & PHONE: | 45-342-4774 X4136 |
| | Medican amplet |
| ALLERGIES: PCNICH | ling Avelox |
| | , |

IMMEDIATELY AFTER MAKING THE APPOINTMENT, FAX THIS FORM AND COPY OF THE SCRIPT FOR AUTHORIZATION AND PRE REGISTRATION PROCESS.

STACY BUDD:

PHONE: (845) 333-1482

Fax: (845) 333-1715

CHARLOTTE:

PHONE: (845) 294-9708 X 296

Fax: (845)294-8340

Reclast° (zoledronic acid) injection 5 mg/100 mL for infusion

Fax Referral Form

Referring Physician's Name:

Dr. K. Ediale

Referring Physician's Phone:

845-342-4774

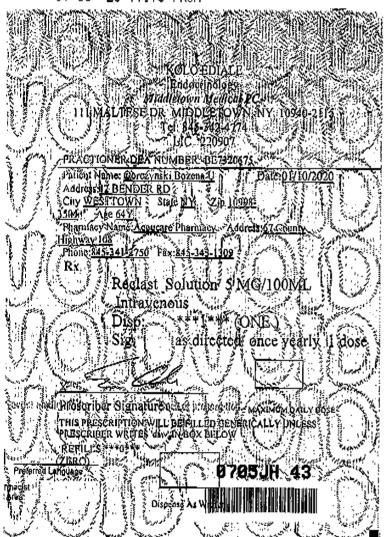
Referring Physician's Fax:

845 - 34-2 - 1267

| ा वेगा (सद्धाति | my patient to you for a Reclast infusion J code: | J-3488 |
|--|--|--|
| N-474 | Patient Name: BOZENA GORCZYN | sk)'_ss#: |
| Patient nformation | Patient Name: 1302 ena Gorczyn. Patient Address: 12 Bendon Rd. We. Patient Phone: 845 - 726 3898 | Stoken A John patient parmission |
| | Patient Phone: 845-724-3898 | _ Date of Birth: 6/29/1963 |
| iagnosis: | |)CD-9# |
| | Senile osteoporosis (postmenopausal women/men) | M81.0 |
| | Low-trauma hip fracture (use both: code for senile asteoporosis of | & for tracture sito) (see following 3 listings). |
| | Pathological fracture: Neck of femur Pathological fracture: Others and femure | 793.01 + 733.14 |
| | Pathological fracture: Other specified part of femur Fracture due to injury: Neck of femur | 7 33.01 |
| | Glucocorticoid-induced esteoperesis | 733.01 + 820:0-820.9 |
| | | 733.09 + £932;0* |
| | Disorder of bone and cartilage, unspecified (for the prevention of discontinuity) | |
| ` · · · · · | Prevention of glucocorticoid-induced osteoporosis | Primary diagnosis code±V59.65 |
| | Li Paget's disease of bone (osteitis deformans) | |
| te of lab resul | | 731.0 ng advarse events in therapeutic use. um calcium level: 🏻 Yas 📄 No |
| te of lab resul | *Some payers may not require £code £932,0 for glucocorticolds causir a coloulated creatinine dearence of ≥ 35mL/min and a normal seriets: y taking calcium and vitamin 0 supplements. Yes No | ng adverse events in therapeutic use. um calcium level: 🏻 Yas 🔲 No |
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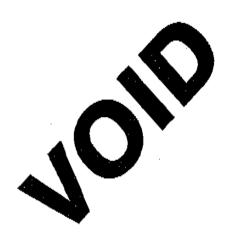
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Please see accompanying full Prescribing Information.









ACTIVE MedicareComplete

values tousias. United teatheare



Health Flan (20240) 311-877/26-04

Member 15: 942978972-00 Group Number:

66087

Vember

SOZENA 6-GORCZYNSKI

Payer ID: 87726

PCP Name:

MCDERMOTT, D.O., JOHN P.

PCP Phone: (845) 986-3311

Copay: 50P 810 Spac \$40

ER \$90

H3307 RKP# 023

UHC Dental Benefit

Presingular Drug Coverige

EXBIN: PXPON

RxGrp:

610097 9899

008

AARP Medicare Complete Plan 2 (HMO)
Oxford Medicare Network

Customer Service House 8 am - 8 pm / Mayenyetk

For Members

Website:

www.myAARPMedicare.com

Customer Service:

1-800-643-4845 TTY 7:11

NurseLine:

1-877-368-7949 TTY 711

Behavioral Health:

1-800-985-2596 TTY 711

中文: 1-800-303-6719

21-401 1-688-201-4746

FOR THE LOUIS NAME OF THE PROPERTY OF SATISFACE OF THE SATISFACE OF SA

UPC Dental Providers

www.UHCdental.com

1-877-816-3596

ACTIVE

Referrat Reguires

For Pharmacists 1-877-889-6510 Pharmacy Claims Optimity P.O. Box 29045, Hot Springs, AR-71903.





U.S. Department of Veterans Affairs

Veterans Health Administration Chief Business Office Purchased Care CHAMPVA

Open Access No Referral Required

Beneficiary Name

CORCEYNONI BORENA

Include this Member Number on all claims and letters

"Patient SSN"

This is your identification Card

Effective Date

Expiration Date

CHAMPVA

09/19/2014

06/28/2020

1-800-733-8387 www.va.gov/hac

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VA Form 10-7959-1 May 2014

CHAMPVA pays after most other health plans. Include an explanation of benefits from other insurers. CHAMPVA is primary to Medicaid.

Once you become eligible for Medicare Part A, you must obtain and maintain Medicare Part B to remain eligible for CHAMPVA

For Electronic Claims Filing please follow the instructions at: www.va.gov/hac/forproviders under "How to File a Claim."

For Mental Health/Substance Abuse Authorization

Call 1-800-424-4018 — Authorization is required:

- After 23 outpatient mental health visits in a calendar year
- · For all other mental health/substance abuse services

For Durable Medical Equipment (DME) Authorization Call 1-800-733-8387—Authorization is required:

For DME purchase or rental over \$2,000

ભાવના કર્તાની (૧૯૯મ) ફોકો મુખ્યત્વે છે. જેવી છે.

P. 1

* * * Communication Result Report (Jan. 10. 2020 11:06AM) * * *

1) 2)

Date/Time: Jan. 10. 2020 11:05AM

| File No. Mode | Destination | Pg(s) | Result | Page Not Sent |
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Reason for error

E. 1) Hang up or line fail

E. 2) Busy

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 6) Destination does not support IP-Fax

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