



# FIBROID INSTITUTE DALLAS

FOR ALL REFERRALS, PLEASE SEND IN:

- ✓ Demographics
- ✓ Insurance information
- ✓ History, physical and most recent note
- ✓ U/S report and EMB results (if available)

INFO@FIBROIDFREE.COM | FAX: 214-838-6441

Patient Name

Patient Phone

Patient Email

## Insurance Accepted

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>■ Accountable</li> <li>■ Aetna HMO/PPO/MCR<br/><i>NOT Aetna EPO-Marketplace</i></li> <li>■ Averde Health/Averde PPO</li> <li>■ BCBS Advantage HMO</li> <li>■ BCBS HMO</li> <li>■ BCBS PPO/EPO/POS</li> <li>■ Beechstreet/PPOnext PPO</li> <li>■ Care Improvement Plus MCR</li> <li>■ Care n Care PPO</li> <li>■ Champva-TriWest<br/><i>Need Referral</i></li> </ul> | <ul style="list-style-type: none"> <li>■ Cigna HMO/PPO/POS/OAP/WC</li> <li>■ Coventry (First Health)</li> <li>■ First Health</li> <li>■ Galaxy PPO</li> <li>■ Healthsmart<br/>GEPO/PPO/POS/ACCEL</li> <li>■ HealthSpring Medicare-PPO Only</li> <li>■ Humana ChoiceCare PPO</li> <li>■ Humana Medicare PFFS</li> <li>■ Humana Medicare PPO/HMO</li> <li>■ IMS PPO</li> <li>■ NPPN PPO</li> </ul> | <ul style="list-style-type: none"> <li>■ Medicare</li> <li>■ Medicaid/Molina<br/><i>Need Referral</i></li> <li>■ Multiplan/PHCS PPO</li> <li>■ Secure Horizons</li> <li>■ Tricare</li> <li>■ TX True Choice PPO Star</li> <li>■ United Healthcare/Pacificare/UMR</li> <li>■ Wellmed-AARP Medicare Complete<br/><i>Need Referral</i></li> <li>■ ALL OTHERS:<br/><i>Call 214-838-6440</i></li> </ul> |
|--|--|--|

## Consultation for Procedure

- |   |  |
|---|--|
| <input type="checkbox"/> Uterine Fibroid Embolization (UFE) | <input type="checkbox"/> Uterine Artery Embolization for Adenomyosis |
| <input type="checkbox"/> UFE before Myomectomy              | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> UFE before Hysterectomy            |  |

## Diagnosis – Common ICD-10 Codes

- |   |        |   |        |
|---|--------|---|--------|
| <input type="checkbox"/> Uterine Fibroids             | D25.9  | <input type="checkbox"/> Pelvic and Peroneal Pain | R10.2  |
| <input type="checkbox"/> Secondary Dysmenorrhea       | N94.5  | <input type="checkbox"/> Dyspareunia              | N94.10 |
| <input type="checkbox"/> Menorrhagia – Premenopausal  | N92.4  | <input type="checkbox"/> Adenomyosis              | N80.0  |
| <input type="checkbox"/> Menorrhagia – Postmenopausal | N95.0  | <input type="checkbox"/> Female Infertility       | N97.9  |
| <input type="checkbox"/> Urinary Frequency            | R35.0  | <input type="checkbox"/> Anemia                   | D50.0  |
| <input type="checkbox"/> Constipation                 | K59.00 |   |        |

Referring Doctor

Doctor Phone

Office Contact

Office Fax

We will call your patients to schedule an appointment after we receive this referral form.