



FIBROID INSTITUTE DALLAS

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FOR ALL REFERRALS, PLEASE SEND IN:

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

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

Patient Name

Patient Phone

Patient Email

Insurance Accepted

- | | | |
|--|--|---|
| <input type="checkbox"/> Accountable | <input type="checkbox"/> Cigna HMO/PPO/POS/OAP/WC | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Aetna HMO/PPO/MCR
<i>NOT Aetna EPO-Marketplace</i> | <input type="checkbox"/> Coventry (First Health) | <input type="checkbox"/> Medicaid/Molina
<i>Need Referral</i> |
| <input type="checkbox"/> Averde Health/Averde PPO | <input type="checkbox"/> First Health | <input type="checkbox"/> Multiplan/PHCS PPO |
| <input type="checkbox"/> BCBS Advantage HMO | <input type="checkbox"/> Galaxy PPO | <input type="checkbox"/> Secure Horizons |
| <input type="checkbox"/> BCBS HMO | <input type="checkbox"/> Healthsmart
GEPO/PPO/POS/ACCEL | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> BCBS PPO/EPO/POS | <input type="checkbox"/> HealthSpring Medicare-PPO Only | <input type="checkbox"/> TX True Choice PPO Star |
| <input type="checkbox"/> Beechstreet/PPOnext PPO | <input type="checkbox"/> Humana ChoiceCare PPO | <input type="checkbox"/> United Healthcare/Pacificare/UMR |
| <input type="checkbox"/> Care Improvement Plus MCR | <input type="checkbox"/> Humana Medicare PFFS | <input type="checkbox"/> Wellmed-AARP Medicare Complete
<i>Need Referral</i> |
| <input type="checkbox"/> Care n Care PPO | <input type="checkbox"/> Humana Medicare PPO/HMO | <input type="checkbox"/> ALL OTHERS:
Call 214-838-6440 |
| <input type="checkbox"/> Champva-TriWest
<i>Need Referral</i> | <input type="checkbox"/> IMS PPO | |
| | <input type="checkbox"/> NPPN PPO | |

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"/> Patient needs information |
| <input type="checkbox"/> UFE before Hysterectomy | <input type="checkbox"/> Other: _____ |

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.

Phone: 214-838-6440 | Fax: 214-838-6441 | FibroidFree.com