**REFERRING PATIENTS TO CANCER CARE PARTNERSHIP FOR MEDICATION INFUSION**

**This document must be completed and returned with the order to prevent delays in scheduling. Patients will not be scheduled until all the information is obtained.**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Verify with the insurance carrier (Medical Benefits, not Pharmacy Benefits). Is an insurance authorization needed? YES NO

If YES: Authorization Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorization start and expiration dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attach Authorization to the order **or** attach the form provided to the insurance company

If NO: Obtain the name of the representative and a reference number

Representative name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The site of service is **Cancer Care Partnership**, **NOT** Mount Nittany Medical Center.

The NPI# for Cancer Care Partnership is: **1477891711**

1. Is a referral needed: YES (if yes, please attach) NO
2. Verify whether the drug must be “**BUY and BILL”** (meaning CCP’s own stock) or if it must be purchased from a Specialty Pharmacy. **THIS MUST BE VERIFIED WITH THE INSURANCE CARRIER.** Always verify this. Drugs may be “**BUY and BILL”** for your practice, but not for CCP.

Is the drug “**BUY and BILL”** for CCP**?** YES NO

If NO, from what Specialty Pharmacy must it come?

Name of Specialty Pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the order for completeness. If must contain:

Diagnosis, Height, Weight, and Allergies

Pre-medication, if applicable

Must have hypersensitivity drugs on the order, along with who to contact in case of a reaction.

1. Provide email and phone number of ordering office contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fax demographics (full name, date of birth, address, phone number, insurance information), orders, copy of insurance authorization and completed checklist to 814-231-7295, attention: Marsha.

**WE ARE UNABLE TO FULLFILL YOUR ORDER IF ANY OF THE INFORMATION IS MISSING.** Help us help your patient begin treatment as soon as possible by providing ALL the required information.

**Information re:** **Authorizations and Scheduling at Cancer Care Partnership (CCP)**

**CCP’s main phone number**: 814-231-7800. This is the number to give patients.

**CCP’s contact person for all infusions:** Marsha Winslow, Practice Manager

**Phone Number:** 814-272-4413

**Email:** marsha.winslow@cancercarepartnership.org

**CCP’s fax number:** 814-231**-7295. P**lease always send attention to Marsha Winslow.

**Information needed for insurance companies when setting up the authorization.**

* Cancer Care Partnership is the infusion site (**NOT** Mount Nittany Medical Center) and **NPI#** for our site is 1477891711.

**Address for specialty medications to be delivered:**

* Lance and Ellen Shaner Cancer Pavilion

C/O Cancer Care Partnership Pharmacy department

1800 East Park Ave

State College, Pa 16803

If for any reason the practice manager is not here and you need to speak with a nurse immediately you can call the main number above and ask for an infusion nurse.

Thanks!