NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH

Non-Oncology Infusion Referral Form

Location Preference: ◯ Kennebunk ◯ Rock Row ◯ Topsham ◯ Portsmouth

REFERRALS MUST INCLUDE ALL OF THE FOLLOWING:

- Copy of a completed insurance authorization listing NECS as the rendering/servicing provider/location
- Completed drug order form (signed and dated)
- Labs as listed on drug order form
- Patient Demographics: including copy of insurance card front/back & Rx card if applicable
- Most recent signed office note, including height, weight, and LCD approved ICD-10 diagnosis code

Patient Name Middle Last DOB SS#

Birth Sex: ◯ Male ◯ Female

Ethnicity: ◯ Latino or Hispanic ◯ Non Latino or Hispanic ◯ Prefer not to answer

Race: ◯ American Indian or Alaska Native ◯ Black or African American ◯ White/Caucasian
◯ Native Hawaiian or Pacific Islander ◯ Asian ◯ Prefer not to answer ◯ Do not know

Primary/Preferred Language: ◯ Arabic ◯ Cambodian ◯ English ◯ French ◯ Russian
◯ Vietnamese ◯ Other: _____

Does this patient need an interpreter? ◯ Yes ◯ No If yes, what language? _____

Is the patient in a skilled nursing facility? ◯ Yes ◯ No Is the patient ambulatory? ◯ Yes ◯ No

Physical Address City State Zip

Mailing Address (if different) City State Zip

Home Phone Cell Phone

Referring Office Referring Provider

NPI # Tax ID # Primary Care Provider

Contact Person Phone Fax

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KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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Please fax this referral form and additional documents a minimum of 1 week prior to requested infusion date.

REFERRALS MUST INCLUDE THE FOLLOWING:

- ◯ Patient Demographics
- ◯ Most recent office note (signed) with Height and Weight, LCD approved ICD-10 diagnosis code.
- ◯ Drug order form (signed and dated)
- ◯ Copy of insurance Prior Authorization with NECS as rendering provider/location
  NECS NPI# 1205896107 Tax ID#010357684
- ◯ Copy of insurance card front & back, Rx card if applicable
- ◯ Labs: CBC, CMP, and additional listed on drug order form
- ◯ Insurance: _____ ID #: _____ Group #: _____
  (only needed if copy of card isn't obtainable)