

Referral for Bamlanivimab Infusion



The Colony ER Hospital
4780 State Highway 121
The Colony, TX 75056
Phone 214-469-2500 Fax 214-469-1111

Patient Information

Last Name	First Name	Middle Name	
Date of Birth	Primary Phone Number		
Name of Insurance Provider/ Policy # _____			
Pre-Certification:	<input type="radio"/> Not Required	<input type="radio"/> In Progress	<input type="radio"/> Completed
Pre-Cert/Authorization# _____			

Request/ Order/ Results

Requested Test Date:
 ROUTINE at patient's convenience URGENT w/in 48 hours STAT
Date: _____
• Orders are valid for 48 hours

Results: Fax results _____ Call results _____
 Hold patient for results send images with patient

Certification of Criteria for Referral

- The patient must meet clinical criteria for infusion.**
- ICD codes AND diagnostic information must be provided for EACH procedure ordered.
 - **The referring physician agrees that the refusal or acceptance of this order may be determined upon physical examination by the Emergency Medical Provider (The Colony ER Hospital).**
 - The criterion for infusion may be found at www.covid19.lilly.com.

Referred Procedure _____

Reason/Diagnosis _____

ICD Code(s) _____

Physician Information (I certify this client meets criteria for infusion)

Certifying Practitioner:	Last Name	First Name	NPI #
Practitioner's Phone Number	Practitioner's Fax Number		
Practitioner's Signature	Date		

Notice: The Colony ER Hospital is unable to bill Medicare, Medicaid or Tricare for services rendered.

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