



A Carelon Company

INTERNAL MEDICINE ORDER SET

P: 877-365-5566 | F: 855-889-2946

PATIENT INFORMATION Fax completed form, insurance information, and clinical documentation to 855-889-2946

Name, Address, Phone, Email, DOB, City, State, ZIP, Height, Weight, Gender, Allergies

Diagnosis Code ICD-10 (required), Diagnosis Description, Patient Status, Next Treatment Date

PHYSICIAN INFORMATION

Prescriber Name, Office Contact, Address, NPI #, DEA#, Tax ID, Phone, Fax, Email, City, State, ZIP

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance, Secondary Insurance, Policy #, Group #

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

Table with columns: Drug, Dosing/Orders, Refill. Rows include Immunoglobulin, Intralipid 20%, Monoferric, Solu-Medrol, Dalvance.

Premedication orders: Acetaminophen, Solu-Medrol, Loratadine, Normal Saline, Diphenhydramine, Cetirizine

Lab Orders, Lab frequency, Required labs to be drawn by

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.

PRESCRIBER SIGNATURE By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Prescriber Signature: X Date:



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COMPREHENSIVE SUPPORT FOR INTERNAL MEDICINE THERAPY

PATIENT INFORMATION

Name:

DOB:

REQUIRED DOCUMENTATION FOR REFERRAL CROSSING & INSURANCE APPROVAL

- Include signed and completed order (MD/prescriber to complete page 1)
- Include patient demographic information and insurance information
- Include patient's medication list
- Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
- Include labs and/or test results to support diagnosis
 - Iron labs (Monoferric)
- Other medical necessity: _____