

GUIDE Medicare dementia care Referral

Available to **all** patients (regardless of their infusion/injection needs)



PATIENT

Full Name: _____ DOB: _____

Mobile Phone: _____

DIAGNOSIS ICD-10 codes (must have a dementia diagnosis)

PROVIDER

Provider Name: _____ Provider NPI: _____

Practice Name: _____ Referral Coordinator Name: _____

Practice Address: _____

Phone: _____ Fax: _____ Email: _____

GUIDE referral

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Please note: This program is only available to traditional Medicare patients (NOT Medicare Advantage or commercial insurance).

SENDING YOUR REFERRAL

- Fax this referral form to (888) 373 – 5528
- If your EMR uses a secure direct email, you can send the referral using your EMR Referral function to uptivhealth@org126.direct.charmhealth.com

SPECIAL INSTRUCTIONS

If you have any specific insights or concerns about the patient’s needs, please list them here.

PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT’S ORDER

Patient Demographics Insurance card Latest Progress Notes

Provider Signature _____ Date _____