Woundtech

Referral Fax Hotline: 1.866.968.6339
Referral Phone Hotline: 1.866.986.2263
Referral Web Portal: https://regusa.woundtech.net

PATIENT REFERRAL FORM

ATTENTION: CASE MANAGERS, DISCHARGE PLANNERS, REFERRAL COORDINATORS AND UTILIZATION MANAGERS

Has the patient been contacted? ☐ Yes ☐ No

Is the patient's PCP aware that Woundtech will be contacting the patient for treatment? ☐ Yes ☐ No

Current Location of the patient: ______________________

Wound Assessment Location preferred (SNF only): ☐ Onsite SNF (requires 48-72 hrs pre-discharge notice) ☐ Home

Authorization Number: ______________________

Date of Referral: ______________ Name of Health Plan: ______________

Member ID#: ______________ Plan Type: ______________

Patient Name: ______________ D.O.B.: ______________

Patient Address: ______________ Phone #: ______________

City: ______________ State: ______________ Zip Code: ______________

Diagnosis Codes: ______________________

Wound Type: ☐ Arterial ☐ Diabetic ☐ Pressure ☐ Surgical ☐ Trauma ☐ Venous
☐ Other: ______________________

Wound Location: ______________________

Primary Care Physician: ______________ Phone #: ______________ Fax #: ______________

Referring Physician (if other than Primary): ______________________

Referring Facility Contact Name: ______________________

Referring Facility Contact Phone #: ______________ Ext: ______________

Referring Facility Contact E-Mail Address: ______________________

IPA (if applicable): ______________________

MSO (if applicable): ______________________

Patient Discharge Date from SNF/Acute Care (if applicable): ______________________

Patient Skilled Authorization # (if Part A): ______________________

REFERRALS FROM PCP: include patient facesheet/demographics and pertinent medical records
REFERRALS FROM SNF: include patient facesheet/demographics, patient skilled authorization number (if Part A), physician order and pertinent medical records