

## Check List for Referrals

- **Plan of Treatment (POT)**
- **Patient demographics: name, phone number, home address, date of birth, SSN, allergies, etc.**
- **Insurance information and copy of insurance card**
- **MD order**
- **Patient history and physical**
- **Most recent Physician Office Notes/ID Notes**
- **Tried and failed therapies for TPN and Sub-Q IG**
- **Lab results or other diagnosis procedure to support the referral**
- **Patient medication list**
- **Patient height and weight**
- **PICC Line/Mid Line/Port-A-Cath report**
- **Name of home health provider**

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**This information should suffice for most insurance companies including Medicaid and Medicare HMOs. There may be some cases that require additional documentation or information.**

**Please indicate the name and phone number of whom we should speak with to obtain this information.**

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**Referral Toll-Free Phone 800-809-1265**

**Referral Toll-Free Fax 866-872-8920**

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**Thank you for choosing Palmetto Infusion Services for your patient's infusion therapy needs.**