



2401 N. Lincoln Blvd., Ste. 300, Oklahoma City, OK 73105
 Phone: 405-717-8879 or 800-543-6044, ext. 8879
 Fax: 405-949-5459 or 405-949-5501

INFUSION THERAPY REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing provider _____ Date _____

Billing address _____

TIN _____ Contact person _____

Phone _____ Fax _____

Patient _____ DOB _____

Member _____ Member ID _____

Contracted HHC agency _____

Physician's name _____

Copy of physician's order must be provided _____ Copy attached

Place of service (required): Infusion suite: Home: Physician office

Diagnosis code(s) _____

HCPCS code(s) _____

CPT code(s) _____

Beginning date of service _____ Ending date of service _____

Comments

****All information is required for review. Information provided is private and confidential.****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.