

Referral Request Fax

Thank you for the opportunity to participate in the care of your patient.

Upon receipt of your patient's information, we will promptly call them and schedule an appointment.

In order to appropriately treat your patient, please fax the following:

Patient Name _____

Demographic Information with a copy of their insurance card

Recent MRI report and current medication list

Reason for Consultation

Please note that narcotics may not be prescribed or recommended on the first visit if we lack objective testing (MRI, XRAY etc.) confirming the patient's diagnoses.

We reserve the right to subject all patients to random urine toxicology screens and will audit prescription history utilizing OARRS.

We accept all commercial insurance and will not balance bill patients if we are not in network. If we discover that we are not in network, we will initiate credentialing.

We also accept Medicare, Medigold, Medical Mutual Medicare Advantage, Aetna Medicare Advantage PPO, and Humana Medicare Advantage PPO. We are not credentialed with Anthem Medicare Advantage.

Capital City Pain Care is no longer a participating Medicaid provider.

BWC patients require C9 approval before the appointment is scheduled.

Personal Injury patients require an attorney letter of medical protection.

ON CALL PHYSICIAN
614 - 947 - 9173

OUTREACH CLINIC
408 GLESSNER AVENUE
MANSFIELD, OHIO 44903