CredenaHealth

Credena Health, LLC
6348 NE Halsey St Ste A
Portland, OR 97213
Tel: 503-962-1700 or 855-360-5476
Fax: 503-215-8455

Specialty Medication Referral Form

Fax to 503-215-8455

Today's Date	Date Needed

Demographics

First Name:			Last Name:			
Address:			City:		State:	Zip:
Home Phone:			Work Phone:	Cell Phone:		
DOB:	Height:	Weight:	Allergies:			

Insurance

Primary Insurance:	Subscriber Name:
ID #:	Group #:
Secondary Insurance:	Subscriber Name:
ID #:	Group #:

Physician

First Name:			Last Name:			
Address:			City:		State:	Zip:
Phone #:	Fax #:	Office Contact Name:		Phone #		
St. Lic #:	NPI #:		DEA #:	UPIN:		

Diagnosis

Primary Diagnosis:	ICD-10 Code:
Secondary Diagnosis:	ICD-10 Code:

Rx (can be submitted separately)

Medication	Strength	Directions	Quantity	# of refills
Authorization Number*				
Physician Signature:			Date ***Required for Medicare**	

***If Prior Authorization has not been obtained, Credena Health will request this on your office's behalf. If you would like our insurance authorization team to obtain Prior Authorization please include chart notes supporting the patient's diagnosis along with this medication request.**