

# Premier Wound Care of Tennessee

1907 W. Morris Blvd , Morristown, TN 37814

Mobile & Clinic-Based Advanced Wound Care

Referral Line: 865-212-0530 | Referral Fax: 865-212-0525

## WOUND CARE REFERRAL FORM

Date: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Social Security: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Referring Facility: \_\_\_\_\_

Facility Phone/Fax: \_\_\_\_\_

## Reason for Referral

Evaluate/Treat for Wound Care

Imaging Available?  YES  NO

Diagnosis Code/Description: \_\_\_\_\_

## Required Documents (Must Be Included)

Demographic Sheet

Copy of Insurance Card

Copy of Photo ID

Current Med List & Problems List

Most Recent Bloodwork (if applicable)

X-Ray Report

MRI Report

Last 2 Office Visit Notes w/ Referral Order

## Wound Description

\_\_\_\_\_

\_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment Confirmation Will Be Faxed Back      Appt Date/Time: \_\_\_\_\_

**UHC Medicare Advantage Plans require prior authorization from a primary care provider. Humana referrals are based on prior authorization approval.**

**See back for a list of accepted insurances.**

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## Accepted Insurance Plans

<b>Traditional Medicare</b>	<b>Aetna (Medicare, Commercial)</b>
<b>BCBS Commercial</b>	<b>AARP</b>
<b>BCBS Federal</b>	<b>Ambetter of TN</b>
<b>BCBS Medicare Advantage</b>	<b>Cigna Commercial</b>
<b>Humana(with prior authorization)</b>	<b>UHC Dual Complete</b>
<b>Dept of Labor</b>	<b>UHC Community Plan</b>
<b>Wellpoint (Medicare Advantage, Medicaid)</b>	<b>UHC Medicare Advantage PPO</b>
<b>WellCare of TN</b>	<b>Railroad Medicare</b>
<b>All PPO Plans Accepted</b>	

*Please contact our office for verification of specific plan participation.*