Mid-Valley pain clinic
Transforming Pain to ACTive Living Since 2008

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PAIN MANAGEMENT REFERRAL FORM

Please complete and fax this form, ***with attached chart notes,*** to our office. **Fax to 503-371-1970.**

Patient Name: **DOB:**

Address:

Mobile Phone: **Home Phone:**

Referring Provider:

Phone: **Fax:**

***PCP Name & Facility:**

PCP Phone: **PCP Fax:**

Patient's Insurance:

Insurance ID Number: **Group Number:**

We Accept the Following Insurances:

- OHP – WVCH
- Atrio OHP with WVCH as the secondary
- Medicare w/WVCH as the secondary
- Medicare through Noridian
- Providence Health Plans
- MODA Health
- PacificSource

We Do Not Accept These Insurances:

- DMAP
- OHP Open Card
- Care of Oregon
- Commercial Insurance not Indicated
- Medicare Only
- ATRIO Comm/Gold/Silver

*__Cannot process without PCP's Name and Facility Location.__