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

3723 Fairview Industrial Drive SE
Suite 170, Salem, OR 97302
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PAIN MANAGEMENT REFERRAL FORM

Please complete and fax this form, *with attached chart notes,* to our office. Fax to 503-371-0192.

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 – PacificSource Community Solutions
- PacificSource
- Atrio Medicare
- Providence Behavioral Health
- Providence Health Plans
- MODA Health

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.**