Provider Referral Request

Request for Consultation & Advocacy Support

Please complete form and submit to:

Fax: 833-485-4002 *(Secured & HIPAA- compliant)*

Email: info@truepathhealthsupport.com *(Secured & HIPAA- compliant)*

Referring Provider Information

Practice/ Clinic Name:

Provider Name:

Specialty:

Phone Number:

Fax Number:

Patient Information:

Patient Name:

Date of Birth:

Phone Number:

Alternative contact (phone / email):

Home Address:

Insurance Carrier or Self Pay

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Insurance Carrier information:

Diagnoses (ICD-10 codes if available)

Primary Diagnosis:

Primary Diagnosis:

Secondary Diagnosis:

Additional co-morbidity:

Any additional conditions / co-morbidities:

Reason for Referral:

- [ ] Care coordination assistance
- [ ] Navigation of multiple providers / specialists
- [ ] Appointment scheduling or follow-up
- [ ] Transportation or access concerns
- [ ] Chronic disease management support
- [ ] Education on diagnosis or treatment plans
- [ ] Insurance navigation or coverage questions
- [ ] Billing or claim concerns
- [ ] Medication access issues
- [ ] End-of-Life Planning support
- [ ] Social Needs (housing, food, resources)/ Other:

SPECIFIC NOTES / CURRENT CARE PLAN:

CONSENT CONFIRMATION:

* By submitting this referral, the provider confirms: - The patient has been informed of this referral. - The patient consents to being contracted by True Path Health Support. - Information may be shared via HIPAA-compliant fax and secure email. - All shared information complies with applicable privacy laws.

- ( ) I hereby agree to the document above.

* Preferring provider name:

* Date of submission / agreement:

FOR ADVOCATE USE ONLY

Date Referral Received:

Advocate Assigned :

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Initial Contact Attempt:

Multiple Attempts:

Date scheduled for consultation

True Path Health Support - Confidential & HIPAA compliant - A Healthcare Navigation & Advocacy

Disclaimer: *This form is **not a medical treatment form** and does not replace medical care, diagnosis, or treatment by a licensed professional. This information collected is intended solely for advocacy, support, navigation and coordination purposes.*