



Patient Referral Form

Date: _____
Referring physician: _____
Physician's phone: _____
Office contact name: _____
Office email: _____

Please fax this form AND the following information to Bay Area Hyperbarics to facilitate your patient's treatment and insurance billing.

1. Prescription (Rx) *The prescription must include the following:*

- Patient's name *and* a contact phone # for him/her
- Current date
- Diagnosis and diagnosis code
- NPI# and physician's license #
- Statement requesting Hyperbaric Oxygen Therapy, HBOT, per protocol
- Signature of physician

2. Chart Notes *Please fax or send a copy of the patient's Chart Notes, including:*

- Patient diagnosis and code
- Date of first diagnosis
- Any adjunctive therapies or treatments

3. Insurance info *Please fax or send a copy of the patient's insurance and payment info:*

- Insurance card with complete information including phone number
- Contact information of the patient for scheduling purposes

Your Bay Area Hyperbarics contacts are:

Nicole Skinner, Billing Specialist – nicole@oxygenheals.com (Los Gatos and Los Altos)

David Roberts, Certified Hyperbaric Technologist – david@oxygenheals.com

Bay Area Hyperbarics

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