



DR. RODRIGO CHAN NPI 1659349512

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ELECTROPHYSIOLOGY | GENERAL CARDIOLOGY

REFERRING PHYSICIAN AND PATIENT INFORMATION

Referring Physician	Patient Name	
Contact in Office	DOB	SSN
Phone	Best Contact #	
Fax	Cardiac Diagnosis	

PLEASE SCHEDULE MY PATIENT FOR THE FOLLOWING (CHECK ALL THAT APPLY):

EVALUATION FOR CARDIAC CLEARANCE

Type of Surgery: _____ Surgery Date: _____ Surgeon: _____

EVALUATION AND TREATMENT

- _____ Consultation
- _____ EKG
- _____ Echocardiogram
- _____ Event Recorder / MCOT / Holter Monitor

COMMENTS: _____

FAX THIS FORM TO
480-378-2440

PLEASE INCLUDE:
 A COPY OF THE FRONT AND BACK OF THE PATIENT'S
 INSURANCE CARD(S) AND ANY PERTINENT RECORDS,
 OFFICE NOTES, LABS AND/OR EKGs

Appt Reason & Date:

Notes:

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INSURANCES REQUIRING REFERRALS OR AUTHORIZATION FOR CARDIAC TESTING

INSURANCE PLAN	OFFICE VISIT REFERRAL	AUTH ECHO
Aetna (7-10 days) <i>*Must have contact with provider w/in 30-60 days*</i>	HMO/MRP+	
AHCCCS - UHC Community Plan	YES	X
AHCCCS - Care 1st (14 days)	YES	X
AHCCCS - Health Net	YES	X
BPHO - Banner Plans	YES	
Meritain (7-10 days)	NO	
BCBS (7-10 days)	NO	
Cigna (MRP plan doesn't require) (7-10 days) <i>*Must have contact with provider w/in 30-60 days*</i>	HMO/MRP+	
Healthnet - MRP (7-10 days)	HMO/MRP	X
Medicare - NO AUTHORIZATIONS REQUIRED	NO	
Tricare PRIME (7 days) <i>*Pending contract effective date</i>	YES+	X
United Healthcare (UHC) (7-10 days) <i>*Pending contract effective date</i>	NO	X
Workmans Compensation <i>***need authorization before scheduling***</i>	YES+	X

***** Most PPO Plans will not require authorization for testing *****

+ Indicates referral MUST be on file before visit

TESTING ONLY PATIENTS - REFERRAL OFFICE IS TO OBTAIN AUTH IF REQUIRED UNDER MOST CIRCUMSTANCES

(Health plan contract negotiations are an ongoing process. Therefore, the information listed above is subject to changes as of 8/22/13.

We at Chan Heart Rhythm Institute hope it proves to be a useful point of reference!