



Phone: 732-390-7750 Fax: 844-683-2244
PATIENT REFERRAL FORM

AsteraCancerCare.org
PULMONOLOGY

Patient Name: Last First Middle Pt. DOB: / /

Patient Address:

Patient City: Pt. State: Pt. Zip:

Patient Phone: () - Pt. Height: in.

ICD-10 Code(s): Pt. Weight: lbs.

Patient Allergies:

Insurance: ID#:

Referred by: NPI#:

Office Contact (Required): Office Ph: () -

Office Fax: () -

Office Administrator (Required): Administrator Ph: () -

Astera Infusion Services scheduling location request: Brick Bridgewater East Brunswick Edison Jersey City Monroe Parsippany Robbinsville Rutherford Somerset Toms River

Required Items/Infusion Process:

Valid/signed written prescription including name of medication, exact dosage, and directions (prescription only valid for 6 months, including refills)

Copy of current insurance card

Recent MD consultation notes: relevant disease being treated must be mentioned in report

Allergies and current medication list

Current labs required for specific medication, as noted on the following page(s) of this form

Has the patient initiated treatment at your office? Yes No

If any future lab tests are needed, please provide patient with a prescription, and have patient bring on day of treatment. Results will be sent to referring physician.

Please note:

1. A Letter of Medical Necessity is required for all patients receiving their initial infusion at Astera (letter must include diagnosis, previous treatments/response to treatments and be on letterhead with physician signature).

2. Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. Right to auto-substitute biosimilars based on payer's preference. Detailed clinical notes providing supportive documentation are required for authorization requests which may take 3-5 business days depending on the payer and receipt of complete documentation from the referring office. The precert staff will update the referring doctor's office during this process and contact the patient to discuss cost and financial assistance options. For certain medications, patients will be required to register/enroll with the pharmaceutical company prior to rendered services and will receive a call from an Astera Financial Counselor to assist with this process.

3. A pretreatment education session will be provided by an Advanced Practice Provider.

4. Once the infusion is complete, a follow-up notice will be faxed to the to the referring provider.

