

Patient Name: Lost First Middle Patient Address:	Phone: 732-390-7750 Fax: 844-683-2244 PATIENT REFERRAL FORM		AsteraCancerCare.org RHEUMATOLOGY				
Patient Address:	Patient Name:		Pt. D	Эв:	_/	_/	
Patient City: Pt. State: Pt. Zip: Patient Phone:							
Patient Phone: ()	Patient Address:						
DX:	Patient City:	Pt. State:		_ Pt. Zip:	·	1 1 1	
Patient Allergies: ID#: Insurance: ID#: Referred by: NPI#: Office Contact (Required): Office Ph: (_) Office Administrator (Required): Administrator Ph: (_) Astera Infusion Therapy scheduling location request: Bridgewater DEast Brunswick DEdison Diersey City DMonroe Robbinsville DRutherford Disomerset 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 ist 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.	Patient Phone: ()		Pt. I	leight: _			in.
Insurance: ID#: Referred by: NPI#: Referred by: NPI#: Office Contact (Required): Office Ph: (_) Office Administrator (Required): Administrator Ph: (_) Office Administrator (Required): Administrator Ph: (_) Astera Infusion Therapy scheduling location request: Bridgewater Bast Brunswick Edison Bridgewater Deast Brunswick Beroigewater Deast Brunswick Build/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	DX:		Pt. \	Neight: _			lbs.
Referred by:	Patient Allergies:						
Office Contact (Required): Office Ph: (_) Office Administrator (Required):	Insurance:		ID#:				
Office Fax: ()	Referred by:		NPI	‡:			
Office Fax: ()	Office Contact (Dequired):		Office Dhy (١			
Office Administrator (Required): Administrator Ph: ()							
Astera Infusion Therapy scheduling location request: Bridgewater East Brunswick Edison Jersey City Monroe Robbinsville Rutherford Somerset Required Items/Infusion Process: Calify Signed <u>written</u> 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? 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: 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). 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 company prior to rendered services and will receive a call from an Astera Financial Counselor to assist with this process. A pretreatment education session will be provided by an Advanced Practice Provider.	Office Administrator (Required):	Admini					
Bridgewater East Brunswick Edison Jersey City Monroe Robbinsville Rutherford Somerset 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. <u>Right to auto-substitute biosimilars based on payer's preference</u> . Detailed clinical notes providing supportive documentation are required for authorization 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 cal		Aumini		/			
 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: 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). 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. A pretreatment education session will be provided by an Advanced Practice Provider. 		y D Monro	e D Robbinsvill	e 🗖 Ruth	erford		merset
 (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: 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). 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. A pretreatment education session will be provided by an Advanced Practice Provider. 	-						
 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: 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). 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. A pretreatment education session will be provided by an Advanced Practice Provider. 	□ Valid/signed <u>written</u> prescription including name o	f medicatio	n, exact dosage	e, and dir	ections	5	
 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: 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). 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. A pretreatment education session will be provided by an Advanced Practice Provider. 	(prescription only valid for 6 months, including refi	ills)					
 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. <i>Please note:</i> 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). <i>Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i> A pretreatment education session will be provided by an Advanced Practice Provider. 	Copy of current insurance card						
 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. <i>Please note:</i> 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). <i>Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i> A pretreatment education session will be provided by an Advanced Practice Provider. 	□ Recent MD consultation notes: relevant disease bei	ng treated r	nust be mentic	ned in re	port		
 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. <i>Please note:</i> 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). <i>Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i> A pretreatment education session will be provided by an Advanced Practice Provider. 	Allergies and current medication list						
 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. <i>Please note:</i> 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). <i>Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i> A pretreatment education session will be provided by an Advanced Practice Provider. 	$\hfill\square$ Current labs required for specific medication, as not	ed on the fo	ollowing page(s) of this f	orm		
 day of treatment. Results will be sent to referring physician. <i>Please note:</i> 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. <i>Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i> 3. A pretreatment education session will be provided by an Advanced Practice Provider. 	Has the patient initiated treatment at your office?		🗆 Yes		No		
 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. 	$\hfill\square$ If any future lab tests are needed, please provide pa	tient with a	prescription, a	nd have p	oatient	bring	on
 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). Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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. A pretreatment education session will be provided by an Advanced Practice Provider. 	day of treatment. Results will be sent to referring phys	sician.					
 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. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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. 							
 Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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. A pretreatment education session will be provided by an Advanced Practice Provider. 			-			•	
<i>if required by the payer. <u>Right to auto-substitute biosimilars based on payer's preference</u>. 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.</i>					• •	•	•
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.				-		-	
 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. 							
 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. 			•				
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.				-		-	
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.			-				
process. 3. A pretreatment education session will be provided by an Advanced Practice Provider.		-	-		-		
3. A pretreatment education session will be provided by an Advanced Practice Provider.		call from an	Astera Financia	II Counse	ior to a	ssist v	with this
		ام ۵ مار د	and Drastics D				
<u>Α ΕΓΙΟΓΑ ΤΟΑ ΙΟΤΙΙΟΙΟΝ ΙΟ ΓΟΙΜΟΙΙΟΙ Ε΄ ΟΙΙΟΜ-ΠΟΜΟΙΟΛ ΑΠΙΛΟ ΤΟ ΤΑΛΑΤΑ ΤΑ ΤΑΛ ΤΑ ΤΑΛΑΤΑΙΝΑ ΝΑΛΙΙΑΛ</u>		•			ovidor		

Page 1

Last

First Middle

Please check the box for medication requested, attach required documentation as noted below, and fax all documents to our office at 844.683.2244. Once all documentation is received, we will contact your patient to schedule an appointment. Thank you! Medication **Required Current Lab Results** Note: Progress notes and labs must be completed within the previous 6 months for all new and renewed prescriptions. CBC, Lipid Panel, Liver Function, PPD (prior to initiation) Actemra □ Benlysta(IV) None CBC, Prior to initiation – PPD and Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B Cimzia core antibody) CMP, Dexa Scan within 2 years Evenity Confirm pt. has not had an MI or stroke within previous year G6PD Deficiency, Serum Uric Acid Levels, Confirm Oral Urate Lowering Agent Discontinued □ Krystexxa Orencia(IV) Prior to initiation – PPD and Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) □ Remicade/Inflectra (Biosimilar might be replaced if appropriate) CBC, Liver Function, Prior to initiation – PPD and Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) □ Rituxan/Riabni/Truxima/Ruxience (CMS approved indications only - Biosimilar might be replaced if appropriate) CBC, prior to initiation - Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) □ Confirm No Vaccinations within 4 Weeks of Therapy □ Saphnelo Up to date with all immunizations before treatment initiation and confirm no live or live attenuated vaccines are given concurrently. □ Simponi Aria(IV) CBC, Liver Function, Prior to initiation – PPD and Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) CBC, PPD □ Stelara(IV) Gene Testing (GBA – Velaglucerase Alfa) Vpriv