Phone: 206-538-6300
Fax: 206-538.6301
Website: www.anesispain.com
info@anesispain.com

ANESIS SPINE & PAIN CARE
Medical services provided by
Pain Care Physicians, PLLC

Insurances Accepted: Aetna, Asuris NW, Bridgespan, ChampVA, Cigna, First Choice, Humana, Kaiser Permanente,Lifewise, Medicare, Molina, Premera, Regence, Triwest, Tricare, United Health
*Check our website for latest insurance updates

INTERVENTIONAL PAIN MANAGEMENT. PLEASE FAX FORM TO 206-538-6301

PATIENT NAME:_____ DOB:_____
PHONE #: _____ ADDRESS:_____
PRIMARY INSURANCE:_____ POLICY #_____
SECONDARY INSURANCE:_____ POLICY #_____
INSURANCE CARD ATTACHED? Yes_____ No_____

REASON FOR REFERRAL

PRIMARY DIAGNOSIS (ICD-10): _____ PAIN LOCATION:_____
ONSET/DURATION OF PAIN:_____

PREVIOUS TREATMENTS FOR PAIN

☐ Physical Therapy
☐ Surgery (Please specify)_____
☐ Injections (Please specify)_____
☐ Pain Medications (If any) _____
☐ Others: _____

TREATMENT REQUESTED

☐ Epidural Injection
☐ Nerve Block
☐ Pain Evaluation & Treatment
☐ Sacroiliac Injection / RFA
☐ Specific Nerve / Ganglion Block
☐ Facet Injection / RFA
☐ Occipital Nerve Block
☐ Piriformis Injection
☐ Selective Nerve Root Block
☐ Sympathetic Block
☐ Others.

RELEVANT TEST AND RECORDS

(Please attach all relevant medical records to ensure the referral can be processed completely.)

☐ Imaging Reports (MRI, X-ray, CT, etc.)
☐ Physical Therapy Notes
☐ Prior Authorization for an office visit (if needed)
☐ Last 3 chart notes pertaining to the patient's pain
☐ Procedure Notes (if any)

REFERRING PROVIDER INFORMATION

PROVIDER NAME:_____ PRACTICE NAME:_____
PHONE#:_____ FAX #: _____