

DATE \_\_\_\_\_

STAT Referral     2nd Opinion

ACO Provider Referral

(ACO Name) \_\_\_\_\_

REFERRING PHYSICIAN (print name) \_\_\_\_\_

- I certify this patient is under my care.  
 Referral will include medical records i.e., recent progress notes, medication list, labs, h&ep, EKG, diagnostic testing/imaging reports.

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OFFICE CONTACT PERSON \_\_\_\_\_

PCP (print name) \_\_\_\_\_

- I certify this patient is under my care.

TELEPHONE NUMBER \_\_\_\_\_



REFERRAL INFO

3420 S. Mercy Rd., Ste. 300, Gilbert, AZ 85297

☎ 480-955-0900    📠 eFax 480-452-1486

[OhanaCardiology.com](http://OhanaCardiology.com)

Accepting Fast Track New Patient Referrals on par80 or:  
[referrals@ohanacardiology.com](mailto:referrals@ohanacardiology.com)

**Michael D. Barry, DO., FACC** Interventional Cardiologist

- Interventional Cardiology     Vascular     Electrophysiology

### REFERRAL FOR EVALUATION AND TREATMENT OF:

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ INS \_\_\_\_\_

PHONE/CELL \_\_\_\_\_ ER CONTACT \_\_\_\_\_

- TRANSPORTATION COORDINATION REQUIRED

#### SYMPTOMS *check all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Chest Pain R07.89   | <input type="checkbox"/> Weakness/Malaise R53.1         |
| <input type="checkbox"/> Syncope R55         | <input type="checkbox"/> Headaches R51.9                |
| <input type="checkbox"/> Murmur R01.1        | <input type="checkbox"/> Vertigo/Dizziness R42          |
| <input type="checkbox"/> Abnormal EKG R94.31 | <input type="checkbox"/> Short of Breath R06.02         |
| <input type="checkbox"/> Dyspnea R06.00      | <input type="checkbox"/> Swollen Legs R22.43            |
| <input type="checkbox"/> Palpitations R00.2  | <input type="checkbox"/> Leg Pain M79.606               |
| <input type="checkbox"/> Fatigue R53.83      | <input type="checkbox"/> Numbness (Face/Arm/Legs) R20.2 |
| <input type="checkbox"/> Edema R60.0         |   |

#### DIAGNOSIS *check all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Coronary Disease I25.10 | <input type="checkbox"/> Hypertension I10           |
| <input type="checkbox"/> Heart Failure I50.9     | <input type="checkbox"/> Lipid Disorder E78.9       |
| <input type="checkbox"/> Bradycardia R00.1       | <input type="checkbox"/> Metabolic Syndrome E88.81  |
| <input type="checkbox"/> Tachycardia R00.0       | <input type="checkbox"/> Diabetes Mellitus E11.9    |
| <input type="checkbox"/> Vascular Disease I73.89 | <input type="checkbox"/> Venous Insufficiency I87.2 |
| <input type="checkbox"/> Abnormal Stress R94.39  |   |

### DIAGNOSTIC SERVICES

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Echocardiogram 93306                | <input type="checkbox"/> MCOT/Event Monitor 93229, 93228 | <input type="checkbox"/> Carotid Ultrasound 93880   |
| <input type="checkbox"/> Echocardiogram w/Bubble Study 93308 | <input type="checkbox"/> LOOP Recorder Implant 33285     | <input type="checkbox"/> Abdominal Ultrasound 76700 |
| <input type="checkbox"/> Stress Echo 93351                   | <input type="checkbox"/> Arterial US Bilateral 93925     | <input type="checkbox"/> Renal Ultrasound 93975     |
| <input type="checkbox"/> Routine Treadmill 93015             | <input type="checkbox"/> Arterial US Unilateral 93926    | <input type="checkbox"/> AAA Screening 76706        |
| <input type="checkbox"/> Nuclear Stress Test 78452           | <input type="checkbox"/> Venous US Bilateral 93970       | <input type="checkbox"/> EKG 93000                  |
| <input type="checkbox"/> 24-48 hr. Holter Monitor 93224      | <input type="checkbox"/> Venous US Unilateral 93971      |   |

### CONSULTATION/PROCEDURE REQUEST

- |   |   |
|---|---|
| <input type="checkbox"/> Peripheral Arterial Disease - PAD        | <input type="checkbox"/> Diagnostic Heart Catheterization                     |
| <input type="checkbox"/> Peripheral Vascular Disease - PVD        | <input type="checkbox"/> Percutaneous Coronary Interventions                  |
| <input type="checkbox"/> Below the Knee Arterial Disease          | <input type="checkbox"/> Carotid and Subclavian Diagnostics and Interventions |
| <input type="checkbox"/> Critical Limb Ischemia Non-Healing Wound | <input type="checkbox"/> Electrophysiology Study                              |
| <input type="checkbox"/> Inframalleolar Pedal Loop - Toes Disease | <input type="checkbox"/> Watchman Device Implant/Explant                      |
| <input type="checkbox"/> R/O Deep Leg Vein Clots/DVT's            | <input type="checkbox"/> AICD Gen Change and/or removal                       |
| <input type="checkbox"/> Evaluation of Heart Device               | <input type="checkbox"/> Pacemaker Insertion/Change and/or removal            |
| <input type="checkbox"/> Intracardiac ECG                         |   |
| <input type="checkbox"/> Peripheral Angiogram                     |   |
| <input type="checkbox"/> Cardiac Clearance                        |   |

Surgical Date: \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_ Surgeon's Name: \_\_\_\_\_ (please print)

You will receive a fax confirmation alerting you we've received your referral.  
Should you not receive a fax confirmation, please contact [referrals@ohanacardiology.com](mailto:referrals@ohanacardiology.com).



## OUR SPECIALTIES & CONDITIONS WE MANAGE

Cardiovascular Disease  
Interventional Cardiology  
Nuclear Cardiology  
Peripheral Vascular Disease (PAD)  
Peripheral Arterial Disease (PVD)  
Diabetic Foot Ulcers  
Chronic Total Occlusions (CTO)

Venous Insufficiency  
Coronary Artery Disease (CAD)  
Coronary Angioplasty and Stents  
Chest Pain/Angina  
Congestive Heart Failure (CHF)  
Valvular Heart Disease  
Prior Heart Attack

Heart Disease  
Pacemaker Management  
Arrhythmias/Rhythm Disorders  
Palpitations  
Blood Pressure  
Hypertension Management  
Lipid Management

## AFFILIATED HOSPITALS

*'Ohana Cardiology holds privileges in the leading hospitals serving our community residents. It is our privilege to ensure continuity of care and overall patient satisfaction. In a collective responsibility we monitor each of our patients' re-hospitalizations. Therefore, we respectfully request to be notified of any hospitalization as it occurs, by contacting our office at: 480-955-0900 or by faxing us at: re-admission@faxes.ohanacardiology.com*

**Mercy Gilbert Medical Center**  
3555 S. Val Vista Drive  
Gilbert Arizona 85297  
PH: 480-728-8000

**Chandler Regional Medical Center**  
1955 W. Frye Rd.  
Chandler, AZ 85224  
PH: 480-728-3000

**Banner Desert Medical Center**  
1400 S. Dobson Rd.  
Mesa, A 85202  
PH: 480-412-3000

**Banner Gateway Medical Center**  
1900 N. Higley Rd.  
Gilbert, AZ 85234  
PH: 480-543-2000

**Banner Heart/Banner Baywood Medical Center**  
6750 E. Baywood Ave.  
Mesa, AZ 85206  
PH: 480-854-5000

## ACCEPTING THE FOLLOWING INSURANCES

### ARIZONA CARE NETWORK

- BRIGHT HEALTH
- BRIGHT HEALTH ADVANTAGE/PLUS/HMO
- INTEL CONNECTED CARE

### AMERICA'S CHOICE PROVIDER NETWORK

#### AETNA

- PPO/HMO
- BANNER MULTI TIER
- GEHA

#### AHCCCS

- BANNER UNIVERSITY/AHCCCS COMPLETE CARE
- BANNER UNIVERSITY CARE ADVANTAGE
- HEALTH CHOICE ARIZONA GENERATIONS
- HEALTH CHOICE ARIZONA
- INDIAN HEALTH SERVICES (IHS)
- MAGELLAN COMPLETE CARE
- MERCY CARE ADVANTAGE
- MERCY CARE
- UNITEDHEALTHCARE DUAL COMPLETE
- UNITEDHEALTHCARE COMMUNITY PLAN

#### ARIZONA FOUNDATION

- CENTENE/ARIZONA COMPLETE HEALTH
- ALLWELL/WELLCARE MEDICARE ADVANTAGE
- AMBETTER
- AZ COMPLETE CARE PLAN

### BLUE CROSS BLUE SHIELD

- HMO/PPO
- AMERIBEN
- ANTHEM
- BASHAS'
- CITY OF MESA
- GILSBAR
- MERITAIN

#### CHAMPVA

- WPS/VAPC (THESE ARE PATIENTS W/WPS TRIWEST AS PRIMARY)

#### CIGNA

- PPO/HMO
- CONNECTICUT GENERAL
- HEALTHSPRING ADVANTAGE HMO
- HEALTHSPRING TRUE CHOICE PPO

#### CONTRACTED HEALTH SERVICES

- GILA RIVER MANAGED CARE
- SELLS TOHONO O'ODHAM NATION HEALTH CARE

#### HEALTHSMART

#### HUMANA

- CHOICE CARE NETWORK
- GOLD PLUS NETWORK

#### MEDICARE

- RAILROAD MEDICARE

**PRIVATE PAY (QUOTES PROVIDED PER CONSULTATION/PROCEDURE/TESTING)**

### SOUTHWEST SERVICE ADMINISTRATORS

#### SUMMIT HEALTHCARE

#### TRICARE PROGRAM

- FOR LIFE
- PRIME
- STANDARD
- TRIWEST

#### UNITEDHEALTHCARE

- AARP MEDICARE ADVANTAGE PLANS
- AARP SUPPLEMENT PLANS
- CHOICE PLUS/PPO/POS/EPO
- SELECT HMO/EPO
- SELECT PLUS POS/EPO
- OPTUM

#### UMR

- DIGNITY HEALTH

On-going credentialing in progress. If you do not see your payer of choice on our menu list, please contact the office at 480-955-0900.

\*PCP referrals may apply to those plans identified in yellow.

Our dedicated intake/referral specialists secure authorizations required for evaluations and treatments for all referrals once confirmed by us as the intended recipient. We look forward to engaging with you soon!

'Ohana Cardiovascular

## THANK YOU FOR YOUR REFERRAL

Please check here if you would like to receive coordination of care information on your patient.

Quality of care begins and ends with each provider-to-provider engagement. Coordination of Care is the only method to a true delivery of care. While we are mindful you and your patients have a "choice" when choosing a specialist, we hope to earn your relationship by validation. We strive to provide patients with the resources they would need to make well-informed decisions in their cardiovascular care and/or treatments. Our delivery model is a conservative approach.