



**EDWARDS COMPREHENSIVE CANCER CENTER**  
 CABELL HUNTINGTON HOSPITAL  
 1400 HAL GREER BOULEVARD HUNTINGTON, WV 25701  
**PHONE: 304-399-6500 FAX: 304-399-6593**  
 JOSHUA HESS, MD  
 PAUL T. FINCH, MD  
 SELECT LOCATION: ECCC LOCATION @ CABELL HUNTINGTON HOSPITAL OR  
 CHH CANNONBURG PRIMARY CARE LOCATION  
 6572 MIDLAND TRAIL, ASHLAND, KY 41102



**PEDIATRIC HEMATOLOGY/ONCOLOGY**

Referral Date: \_\_\_\_\_

**PATIENT INFORMATION**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

RACE (please circle) Caucasian African American Asian Hispanic Other ETHNICITY (please circle) Hispanic Non-Hispanic

EMAIL \_\_\_\_\_ SS # \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**\*\*\*\*\*PLEASE COMPLETE ALL PARENT INFO FOR REGISTRATION PURPOSES\*\*\*\*\***

MOTHER \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Employer Address & Phone \_\_\_\_\_

FATHER \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Employer Address & Phone \_\_\_\_\_

**REASON FOR REFERRAL** \_\_\_\_\_

INSURANCE CARRIER & ID # \_\_\_\_\_ KEN PAC PROVIDER # \_\_\_\_\_

PRIOR AUTH NUMBER \_\_\_\_\_ Auth Expiration Date \_\_\_\_\_

**REFERRAL OFFICE REQUIRED TO OBTAIN PRIOR AUTHORIZATION / USE CPT CODE 99205 FOR OFFICE VISIT.**

\*\*\*\*\* AUTHORIZATION / PRECERT NEEDED ON ANY PATIENT WITH THE FOLLOWING CARRIERS WE ARE NOT IN NETWORK WITH:  
 (ANTHEM BLUE CROSS MEDICAID of KY, Buckeye Health Medicaid of Ohio, Anthem Medicare, Gateway Medicare HMO, Paramount Advantage Plan Ohio  
 Medicaid HMO, United Health Community Plan of Ohio , Ohio United Healthcare Optimum Medicaid)

**REFERRING PHYSICIAN**

Physician \_\_\_\_\_ Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ NPI # \_\_\_\_\_ UPIN # \_\_\_\_\_

Physician Address \_\_\_\_\_

Physicians Direct Messaging Address: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**TO AVOID DELAYS PLEASE COMPLETE ALL INFO. FAX WITH LAST PROGRESS NOTE, LAB RESULTS, SCANS, INSURANCE CARD**