



Date _____ This is a: Routine Referral STAT Referral Second Opinion ACO Referral

Patient's Full Name _____ DOB _____ Phone _____

Address _____

Practice Name _____

Referring Provider's Name _____ Referral Coordinator _____

Direct Line _____ Fax _____

Primary Care Provider's Name *(please print)* _____

Special Instructions/Requests _____

Peripheral Arterial Disease

- Lower Extremity Angio/ Peripheral Arterial Disease Evaluation/Peripheral Angio
 - Aneurysm – Iliac
 - Aneurysm–Femoral/Popliteal Artery
 - Atherosclerosis Extrem. w/Claud
 - Atherosclerosis Extrem w/Rest Pain
 - Atherosclerosis Extrem. w/Ulcer
 - Atherosclerosis Extrem. w/Gangrene
 - Embol. &Thrombosis Abd. Aorta
 - Lower Extremity Embolism/Occlusion
 - Upper Extremity Embolism/Occlusion
 - Embolism & Thrombosis of Iliac
 - Bruit
 - Hematoma – Due to Surgery
 - Numbness
 - Pain in Limb
 - Weak Pulse
 - Other: _____

Venous Disease Lower Extremity

- Consult & Ultrasound Same Day
- Consultation Only
- Ultrasound Varicose/Spider/Venous Ulcer
- Ultrasound - DVT (Deep Vein Thrombosis)
- Cellulitis of Leg
- Chest Pain
- Deep Vein Thrombosis
- Dialysis Access Planning
- Focal Superf Swelling, Mass or Lump
- Pain in Limb
- Phlebitis and Thrombophlebitis
- Pulmonary Embolism
- Pre-operative Exam
- Shortness of Breath
- Swelling of Limb
- Ulcer-Lower Extremity
- Varicose Vein of LE with Inflammation
- Varicose Veins LE with Ulcer
- Varicose Vein with Complications
- Venous Insufficiency, Unspecified
- Other: _____

Chemo Port/Plasmapheresis Catheter

- Arm Port Placement - Left
- Arm Port Placement - Right
- Chest Port Placement - Left
- Chest Port Placement - Right
- Port Check
- Port Removal
- Tunneled Catheter Removal
- Other:

Renal Angio (Renal Artery Stenosis)

- Right/Left/Bi Renal Angiography/ Angioplasty/Stent
- Renal Artery Aneurysm
- Renal Artery Stenosis
- Renovascular Hypertension (HTN)
- Other:

IVC Filter

- IVC Filter Placement
- IVC Filter Removal
- Other: _____

We thank you for considering our practice.

To expedite your patient's referral experience please include the following:

- Demographic Information Sheet
- Copy of front & back of current insurance cards
- H&P within last 30-days
- Labs within last 30-days
- Any pertinent testing

Accepted Insurance Plans

Although Arizona Vascular Solutions is actively participating with most insurance plans, payers may vary. We are actively engaging with our insurance plans to expand our networks. Should you not see your plan of choice on our menu list, please contact our referral/intake coordinator at: (623) 512-4326. We will gladly navigate an insurance screening through our verification process.

AETNA

HMO, PPO, POS
MEDICARE
NO ACPN PLAN

AHCCCS

HEALTH CHOICE ARIZONA GENERATIONS
HEALTH CHOICE ARIZONA
HEALTH NET ACCESS
MAGELLAN COMPLETE CARE
MERCY CARE ADVANTAGE
MERCY CARE PLAN

AMERIGROUP

MEDICARE

AMERIPLAN DISCOUNT CARD

ARIZONA COMPLETE HEALTH

ALLWELL
AMBETTER
HEALTH NET COMMERCIAL

ARIZONA FOUNDATION FOR MEDICAL CARE (AZFMC)

ARIZONA PRIORITY CARE PLUS

BANNER NETWORK

HMO
AETNA BANNER
UNITED HEALTHCARE BANNER

BLUE CROSS BLUE SHIELD

HMO, PPO
MEDICARE ADVANTAGE
AMERIBEN
ANTHEM
BASHAS
MERITAIN

CIGNA

HMO, PPO, POS
OSCAR HEALTH by CIGNA
NO MEDICARE

GALAXY HEALTH

PPO

HEALTH SMART

HMO, PPO
ACCEL

HUMANA

HMO, PPO
MEDICARE

IHP

MEDICARE

RAILROAD MEDICARE

PROVIDER SELECT

TRICARE PRORAM

FOR LIFE
PRIME
STANDARD
TRIWEST
VA SERVICES

UNITED HEALTHCARE

CHARTER EPO, POS, HMO/HMO PLUS
CHOICE EPO
CHOICE PLUS HMO
COMPASS EPO, POS, HMO/HMO PLUS
CORE EPO, HMO
NEXUSACO NR EPO/HMO/POS
AARP MEDICARECOMPLETE HMO
AARP MEDICARECOMPLETE PLUS
HMO-POS
UHC ASSISTED LIVING PLAN PPO SNP
UHC GROUP MEDICARE
ADVANTAGE PPO
UHS NURSING HOME PLAN PPO SNP
UHC WEST
BANNER HEALTH NETWORK
OPTUMCARE
PHOENIX DIRECT HOSPITAL NETWORK
PINAL HEALTH CARE NETWORK
RURAL DIRECT NETWORK
**✓ NO UHC DUAL/COMMUNITY PLAN,
NAVIGATE OR INDEMNITY**

WELLCARE

ALLWELL

ZELIS HEALTHCARE

THANK YOU FOR YOUR REFERRAL

We strive for care-coordination. Our dedicated intake coordinator will begin the navigation process and will be in touch with you shortly. Please ensure we have your direct line and/or extension, including email address. Should you not receive acknowledgment of your referral request, please contact 480-636-6259 directly.

Our facility is contributing to the advancement of patient care through the discovery of science, paralleled with ethics, advancing our surgical techniques through innovation, placing our patients and community physicians at the forefront, delivering value driven results and overall clinical care excellence in our measured outcomes.

We welcome our community physicians to visit our endovascular center.



Arizona Vascular Solutions
6120 W Bell Rd., Ste. 130, Glendale, AZ 85308
Se Habla Español
Rapid e-fax: (623) 218-9220
Office Main Line: (623) 512-4326
azvts.com

We Welcome
New Patient Referrals

