

**Step 1:** Fax this form (or your along with the patient's referral (if applicable) to fax number above.

**Step 2:** A Referral Coordinator will contact the patient within 24 hours to schedule an appointment with the appropriate provider.

**Step 3:** You will receive a confirmation of your patients' appointment status or if we were unable to reach the patient.

**YOUR INFORMATION**

Referring Provider: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**VISIT INFORMATION (CHECK ONE IN EACH CATEGORY)**

SPECIALTY REQUESTED	AREA REQUESTED	TIME REQUESTED	VISIT TYPE
<input type="checkbox"/> Adult Joint Reconstructive	<input type="checkbox"/> Flagstaff (F)	<input type="checkbox"/> <48 hours	<input type="checkbox"/> New
<input type="checkbox"/> Orthopaedic Spine	<input type="checkbox"/> Prescott Valley (PV)	<input type="checkbox"/> First Available	<input type="checkbox"/> Follow-Up
<input type="checkbox"/> Interventional Spine/Pain/PMR	<input type="checkbox"/> Sedona (S)	<input type="checkbox"/> Less Than One Week	<input type="checkbox"/> ER Follow-Up
<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Lakeside (L)	<input type="checkbox"/> Patient's Convenience	<input type="checkbox"/> Workers' Comp
<input type="checkbox"/> Hand and Upper Extremity	<input type="checkbox"/> Winslow (W)		<input type="checkbox"/> Liability
<input type="checkbox"/> Foot and Ankle	<input type="checkbox"/> Cottonwood (C)		<input type="checkbox"/> Date of Injury: _____

**NAO PROVIDER and LOCATIONS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Timothy Bonatus, DO (F, S)       | <input type="checkbox"/> Yuri Lewicky, MD (F, PV)      | <input type="checkbox"/> Eamonn Mahoney, MD (F, PV, L) |
| <input type="checkbox"/> Bourck Cashmore, MD (F, PV)      | <input type="checkbox"/> Cody Martin, MD (F, W, PV, C) | <input type="checkbox"/> Joel Rohrbough, MD (F)        |
| <input type="checkbox"/> J. Michael Glover, MD (F, PV, S) | <input type="checkbox"/> Mark Mellinger, MD (F, PV, L) | <input type="checkbox"/> Jamie Pearson, PA-C (PV)      |
| <input type="checkbox"/> John Ledington, MD (F, PV)       |  |  |

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Guardian Name (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_  
 Reason for Visit/Diagnosis: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please refer to the insurance guide to determine if the patient requires a referral; if a referral is required please note we will need to receive the referral from your office prior to seeing the patient.

When sending the referral, please include the approved number of visits and valid date range (i.e. 90 days)

**REFERRAL CHECKLIST**

**When sending referrals:**

To better serve our patients and our referring offices, we have put together a checklist of items needed to successfully process your patient's referral.

Please use the list to the side and confirm your patient's referrals include the following information.

- Name of Patient
- Date of Birth
- Patient's Contact Number
- Valid Dates or Range
  - Ex: Referral good for 3 months, 6 months, etc.
- Number of Authorized Visits
  - Ex: Eval and treat = 2 visits
  - Ex: Eval and treat, 6 visits = 1 eval & 5 office visits
- Body Part and /or Diagnosis
- Specialty
  - Orthopedic (hip, knee, hand, foot, shoulder)
  - PM & R Management (*no chronic pain*)
  - Sports Medicine
- Correct Insurance Information
- Referring Physician Information

**PLEASE BE AWARE:** IF THE PATIENTS INSURANCE REQUIRES A REFERRAL, WE MUST RECEIVE THE REFERRAL FROM YOUR OFFICE PRIOR TO THE PATIENTS SCHEDULED APPOINTMENT IN ORDER TO BE SEEN.

**Please Note:** Insurance Plans often change referral/authorization requirements; please visit the insurance company's website for additional information, additionally not all providers are contracted with every insurance plan; please contact our office for verification.

Participating Insurance Name	Referral Required ?	Authorization Required ?
AARP Medicare Complete	Yes, if HMO	
Accountable Health		
Aetna	Yes, if Campus Health	
AHCCCS American Indian Health Plan		
AHCCCS Care 1st		
AHCCCS CMDP		
AHCCCS Mercy Care Plan		✓
AHCCCS Steward HealthChoice		
AHCCCS (LTC, DDD, CRS)		
AHCCCS UHC		
AHCCCS Banner-University Family Care	✓	
AZ Foundation for Medical Care		
BCBS (incl. Neighborhood Network (NNJ, NNG, XBH, XBK)	Yes, if Neighborhood Network	
Cigna	Yes, if HMO	
Coventry HealthCare Workers Compensation		
Encompass Specialty Surgical Network		
HealthNet	Yes, if HMO	
HealthWest		
HMA/HMN/MultiPlan		
Humana (Medicare)	Yes, if HMO	
Indian Health Services / Purchase Referred Care (Tribal and Federal)	Yes, and requires PO	Yes, and requires PO
Medicare		
Medicare Railroad		
OneCare by Care1st		
Prime Health Services		
Provider Network of America		
Three Rivers Provider Network		
Tricare		Yes, unless SELECT
TriWest Healthcare Alliance		✓
United HealthCare (Commercial)		
United HealthCare (Medicare)	✓	✓
VA Prescott	✓	✓

**ARTHRITIS & FRACTURE CARE CENTER**

**Timothy Bonatus, DO**

NPI #1023089646  
 Trauma; Arthroscopic  
 & Reconstructive Surgery of  
 the Hip & Knee; Primary & Revision  
 Joint Replacement of Hip & Knee

**Bourck Cashmore, MD**

NPI #1225009707  
 Arthroscopic & Reconstructive  
 Surgery of the Hip & Knee;  
 Primary & Revision Joint  
 Replacement of Hip & Knee

**Cody Martin, MD**

NPI #1609132174  
 Arthroscopic & Reconstructive;  
 Primary & Revision Joint Replacement of Hip &  
 Knee

**SPINE & PAIN CENTER**

**J. Michael Glover, MD**

NPI #1487626677  
 Orthopaedic Spine Surgery

**Eamonn Mahoney, MD**

NPI #1366626756  
 Orthopaedic Spine Surgery

**John Ledington, MD**

NPI #1902832785  
 Interventional Spine; Physical  
 Medicine & Rehabilitation

**HAND CENTER**

**Mark Mellinger, MD**

NPI #1922070366  
 Hand, Wrist and Elbow Surgery

**SPORTS MEDICINE CENTER**

**Yuri Lewicky, MD**

NPI #1467454702  
 Arthroscopy of the  
 Shoulder and Knee, Sports Medicine

**Joel Rohrbough, MD**

NPI #1053383968  
 Arthroscopy of the Shoulder  
 & Knee, Sports Medicine

**PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS**

**Tammy Doering, PA-C**

NPI #1609800135  
 PA to Dr. Lewicky

**Keri McPherson, PA-C**

NPI #1336572874  
 PA to Dr. Rohrbough

**Jamie Pearson, PA-C**

NPI #1700960325  
 Prescott Valley, General

**Steve Randazzo, FNP**

NPI #1578590782  
 NP to Dr. Ledington

**Greg Harris, PA-C**

NPI #1487684049  
 PA to Dr. Cashmore

**Kathryn Earhart, PA-C**

NPI #1326500471  
 PA to Dr. Mellinger

**Edward Crader, PA-C**

NPI # 1295065068  
 PA to Dr. Mellinger

Provider	Specialty	Flagstaff	Prescott Valley	Sedona	Cottonwood	Lakeside
Timothy Bonatus, DO	Trauma; Hip/Knee Revision and Replacement					
Bourck Cashmore, MD	Hip/Knee Arthroplasty, Sports Hip Arthroscopy					
J. Michael Glover, MD	Orthopaedic Spine					
John Ledington, MD	Interventional Spine; PM&R					
Yuri Lewicky, MD	Sports Medicine					
Eamonn Mahoney, MD	Orthopaedic Spine					
Cody Martin, MD	Hip/Knee Revision and Replacement					
Mark Mellinger, MD	Hand, Wrist and Elbow					
Joel Rohrbough, MD	Sports Medicine					

Flagstaff: 928.226.2900, Opt 2 | Prescott Valley: 928.583.6300  
 NAO Refer Fax: 928.226.3070



**LOCATIONS**

**Cottonwood**

401 S Calvary Way, Suite A  
 Cottonwood, AZ 86326

**Lakeside**

4830 Hwy 260, Suite 103  
 Lakeside, AZ 85929

**Sedona**

95 Soldiers Pass Rd, Suite B1  
 Sedona, AZ 86336

**Flagstaff**

1485 N Turquoise Dr, Suite 200  
 Flagstaff, AZ 86001

**Prescott Valley**

3200 N Windsong Dr  
 Prescott Valley, AZ 86314