

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

- ☐ Adult Joint Reconstructive
☐ Orthopaedic Spine
☐ Interventional Spine/Pain/PMR
☐ Sports Medicine
☐ Hand and Upper Extremity
☐ Foot and Ankle

AREA REQUESTED

- ☐ Flagstaff (F)
☐ Prescott Valley (PV)
☐ Sedona (S)
☐ Lakeside (L)
☐ Winslow (W)
☐ Cottonwood (C)

TIME REQUESTED

- ☐ <48 hours
☐ First Available
☐ Less Than One Week
☐ Patient's Convenience

VISIT TYPE

- ☐ New
☐ Follow-Up
☐ ER Follow-Up
☐ Workers' Comp
☐ Liability
☐ 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