



Iowa
Heart
Center



REQUEST FOR SERVICES WITH THE MERCYONE IOWA HEART VEIN CENTER

Because Medicare guidelines for consultation services require the intent of the request be clearly documented both in your records and ours, we ask that you please fax this form to our office after making an appointment. We appreciate your cooperation with this. You can find this form and a listing of our providers and fax numbers on our website www.healthylegsmatter.com – click on for physicians.

Please complete this form and fax to the appropriate MercyOne Iowa Heart Vein Center location.

Provider: _____ Fax number: _____

This is a request for _____, with date of birth _____,
(Patient Name: First/MI/Last) (Month/Date/Year)

to be seen by _____ for _____.
(Iowa Heart Center provider to provide service) (Reason for request)

Please **Select ONE** of the following:

- This request is for a Consultation
 - opinion or advice **only**
- This request is for a Consultation
 - opinion or advice, **and treat**
- This request is for a Transfer of Care
 - assume management of patient problem(s) or medical condition(s)

Provider requesting Service: _____ Phone: _____
(Please Print)

Provider Requesting Service: _____ Date: _____
(Signature)

Consultation: A request for a consultation from an appropriate source and the need for consultation (i.e. the reason for a consultation service) shall be documented by the consultant in the patient’s medical record and included in the requesting physician or qualified NPP’s plan of care in the patient’s record. The requesting provider is asking for an opinion and advice on how to personally treat this patient’s condition.

Transfer of Care: A transfer of care occurs when a physician or qualified NPP requests that another physician or qualified NPP take over the responsibility for managing the patient’s complete care for the condition and does not expect to continue treating or caring for that condition. When this transfer is arranged, the requesting physician or qualified NPP is not asking for an opinion or advice to personally treat this patient and is not expecting to continue treating the patient for the condition. The receiving physician or qualified NPP shall document this transfer of the patient’s care, to his/her service, in the patient’s medical record or plan of care.

Please retain a copy of this form in your patient medical record!