



Don't want to fax anymore? You could be getting time-saving benefits, including automatic approvals and guided submissions by using the portal. Registration only takes a few minutes, and unlocks access for all users at your practice organization. Visit www.coherehealth.com/register to begin.

Patient information

Patient first name <i>*required</i>	Patient last name <i>*required</i>
Member ID <i>*required</i>	Date of birth (MM/DD/YYYY) <i>*required</i> <div></div>

Requestor information

Requestor first name <i>*required</i>	Requestor last name <i>*required</i>
Requestor email <i>*required</i>	Requestor phone number <i>*required</i> <div></div>
Requestor fax number <i>*required</i> <div></div>	Requestor type (please <input checked="" type="checkbox"/> one of the following options) <i>*required</i> <div><input type="checkbox"/> Ordering provider <input type="checkbox"/> Performing provider <input type="checkbox"/> Facility</div>

Diagnosis codes

Primary diagnosis code <i>*required</i> <div></div>	Secondary diagnosis code <div></div>	Secondary diagnosis code <div></div>
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Referring provider

Name <i>*required</i>	Street address <i>*required</i>	
City <i>*required</i>	State <i>*required</i> <div></div>	Zip code <i>*required</i> <div></div>
National Provider Identifier (NPI) <i>*required</i> <div></div>	Taxpayer Identification Number (TIN) <div></div>	

Specialist

Speciality <i>*required</i>	Name <i>*required</i>	
Street address <i>*required</i>		
City <i>*required</i>	State <i>*required</i> <div></div>	Zip code <i>*required</i> <div></div>
National Provider Identifier (NPI) <i>*required</i> <div></div>	Taxpayer Identification Number (TIN) <div></div>	

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Referral Request Form

Please complete this form and attach supporting clinical documentation. For fax numbers and frequently asked questions, visit <https://payerinfo.zendesk.com/hc/en-us/categories/10629830321047-Fax-Forms-and-Resources>



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Specialist practice

Name <i>*required</i>				Street address <i>*required</i>			
City <i>*required</i>		State <i>*required</i>		Zip code <i>*required</i>			
National Provider Identifier (NPI) <i>*required</i>				Taxpayer Identification Number (TIN)			

Have a question about this form?

Visit <https://payerinfo.zendesk.com/hc/en-us/categories/10629830321047-Fax-Forms-and-Resources> .

Fax forms are updated periodically to reflect the most recent authorization requirements
visit our website for the latest version.

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