

VMFH Maternal-Fetal Medicine Associates

Today's Date

Patient Name

Date of Birth

SSN

Address

Phone Number

Secondary Phone Number

Insurance

Insurance ID

Group

Prior Authorization Required: Yes or No

Reference#

Authorization#

CPT Codes authorized/verified

Diagnosis/Reason for Referral:

	IUGR (O36.5990)		Diabetes (O24.919)		BMI >35 (O99.210)
	Hypertension (O16.9)		Suspected Fetal Abnormality		Multiples
Other (ICD10 Required):					

Records required with pertinent reason for exam to include prenatal records, risk screen, ultrasound report(s) with every referral.

Terah Lara, LM, CPM, IBCLC



360-226-2362

206-430-6227

Referring Provider

Provider Signature

Phone

Fax

Foothills Midwifery, LLC

1108 Washington Ave

Enumclaw

98022

Facility

Address

City

Zip

Services Requested (Please check all that apply)

Please reference the last page for CPT codes that we will need insurance authorization for

___ Eval & Treat w/ Ultrasound (MFM Required)

Reason for Consult:	Ultrasound Type:
First trimester screening:	Echocardiogram:

___ MFM Diabetic Management

___ MFM Diabetic Testing/Teaching Only

Includes MD/RN consult, imaging, following patient glucose levels and any other MFM recommended treatment	Does not include consult, ultrasound, ongoing management of glucose levels
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ADDITIONAL OPTIONS:

	Anatomy only - must have consult w/ MD if AMA, GDM, BMI >35		Growth scan (if seen by MFM before in the same pregnancy; no MD visit)
	Amniocentesis (includes genetic testing)		Other