# FIBROID INSTITUTE HOUSTON

**John Fischer, MD**

**FOR ALL REFERRALS, PLEASE SEND IN:**

- ✓ Demographics
- ✓ Insurance information
- ✓ History, physical and most recent note
- ✓ U/S report, PAP, and EMB results (if available)

**INFO@FIBROIDFREE.COM | FAX: 713-903-3773**

| Patient Name | | Patient Phone | |
|---|---|---|---|
| Patient Email | | | |

## Insurance Accepted

- Accountable
- Aetna HMO/PPO/MCR
- Aetna Marketplace
- Ambetter
- Averde Health/Averde PPO
- BCBS Advantage HMO
- BCBS HMO
- BCBS PPO/EPO/POS
- Beechstreet/PPOnext PPO
- Care Improvement Plus MCR
- Care n Care PPO
- Champva-TriWest
  *Need Referral*
- Cigna HMO/PPO/POS/OAP/WC
- Community Health Choice
- Coventry (First Health)
- First Health
- Galaxy PPO
- Healthsmart GEPO/PPO/POS/ACCEL
- HealthSpring Medicare-PPO Only
- Humana ChoiceCare PPO
- Humana Medicare PFFS
- Humana Medicare PPO/HMO
- IMS PPO
- NPPN PPO
- Medicare
- Medicaid/Molina
  *Need Referral*
- Multiplan/PHCS PPO
- Secure Horizons
- TCH Medicaid
- Tricare
- TX True Choice PPO Star
- UHC Marketplace
- United Healthcare/Pacificare/UMR
- Wellmed-AARP Medicare Complete
  *Need Referral*
- ALL OTHERS:
  Call 713-903-3733

## Consultation for Procedure

- ☐ Uterine Fibroid Embolization (UFE)
- ☐ UFE before Myomectomy
- ☐ UFE before Hysterectomy
- ☐ Uterine Artery Embolization for Adenomyosis
- ☐ Patient needs more information
- ☐ Other: _____

## Diagnosis – Common ICD-10 Codes

| | | | |
|---|---|---|---|
| ☐ Uterine Fibroids | D25.9 | ☐ Pelvic and Peroneal Pain | R10.2 |
| ☐ Secondary Dysmenorrhea | N94.5 | ☐ Dyspareunia | N94.10 |
| ☐ Menorrhagia – Premenopausal | N92.4 | ☐ Adenomyosis | N80.0 |
| ☐ Menorrhagia – Postmenopausal | N95.0 | ☐ Female Infertility | N97.9 |
| ☐ Urinary Frequency | R35.0 | ☐ Anemia | D50.0 |
| ☐ Constipation | K59.00 | | |

| Referring Doctor | | Doctor Phone | |
|---|---|---|---|
| Office Contact | | Office Fax | |

**We will call your patients to schedule a consultation after we receive this referral form.**