

Referrals made easy

Simply call Option Care Health™ and we'll do the rest.

To refer your patients,
call | fax
or visit optioncarehealth.com



Patient registration	Pharmacy	Home
<ul style="list-style-type: none"> Verify insurance • Connect patients to financial assistance resource <i>(as appropriate)</i> • Assign nurse • Clinical Care Transition Specialist coordinates care • Review coverage and care with patient 	<ul style="list-style-type: none"> Full case review • Physician consultation <i>(as needed)</i> • Ensure appropriate drug choice • Suggest treatment adjustments <i>(as appropriate)</i> • Dedicated pharmacist review 	<ul style="list-style-type: none"> Coordinate delivery to home • Specialized nurses work with patients • Education on equipment and self-management • Ongoing monitoring • Status updates to physician

REFERRAL CHECKLIST:

Antibiotic/anti-infective	TPN (non-Medicare)	Immunoglobulin	Chronic inflammatory disorders
<ul style="list-style-type: none"> <input type="checkbox"/> Patient face sheet/ demographics <input type="checkbox"/> Diagnosis, height and weight <input type="checkbox"/> Physician orders <input type="checkbox"/> Type of line (<i>PICC or peripheral</i>) <input type="checkbox"/> H&P <input type="checkbox"/> Labs <input type="checkbox"/> MAR 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient face sheet <input type="checkbox"/> Insurance information <input type="checkbox"/> TPN order (<i>preferably to indicate "TPN pharmacy to adjust"</i>) <input type="checkbox"/> TPN formulation <p>H&P including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Height and weight <input type="checkbox"/> Diagnosis <input type="checkbox"/> Lab work (<i>chem. panel</i>) <input type="checkbox"/> Type of IV line (<i>ex. PICC</i>) <input type="checkbox"/> Diabetic? Y/N 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient demographics <input type="checkbox"/> Insurance information <input type="checkbox"/> All applicable diagnosis <input type="checkbox"/> History and physical <input type="checkbox"/> Current medications <input type="checkbox"/> Recent progress notes <input type="checkbox"/> Height and weight <input type="checkbox"/> Drug allergies <input type="checkbox"/> Physician orders <input type="checkbox"/> Labs 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient face sheet <input type="checkbox"/> Insurance information <input type="checkbox"/> Diagnosis, height and weight <input type="checkbox"/> Physician order <input type="checkbox"/> H&P and recent progress notes <input type="checkbox"/> Drug allergies <input type="checkbox"/> Physician orders <input type="checkbox"/> Labs <input type="checkbox"/> MAR <input type="checkbox"/> Medications tried and failed <p>TB status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPD (negative) date <input type="checkbox"/> Last chest x-ray date <input type="checkbox"/> Past positive TB infection <input type="checkbox"/> Active TB <input type="checkbox"/> Unknown <p>Hep B status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Titer date <input type="checkbox"/> Positive/negative