



**Phone** 855-709-5793 **Fax** 888-920-6462 **Email** [referrals@ctca-hope.com](mailto:referrals@ctca-hope.com)  
[cancercenter.com/physicians](http://cancercenter.com/physicians)

---

### Referring a patient is easy.

If you feel your patient is a referral candidate, simply contact our Referral Specialist team who will partner with you and your team.

### What happens once the referral is made?

● **STEP 1: Verify insurance**

We will contact the insurance provider on your patient's behalf. Once verified, we will contact your patient directly to discuss his/her benefits.

● **STEP 2: Schedule an appointment**

CTCA will schedule your patient for an appointment. Your Referral Specialist will notify you of the appointment date.

● **STEP 3: Treatment planning**

At the appointment, your patient receives a comprehensive evaluation. He/she will be offered treatment options tailored to his/her individual needs. CTCA will keep you updated on your patient's status. Your patient's care team is available to you throughout treatment.

● **STEP 4: Treatment and transition**

Once your patient begins treatment, we will keep you updated on his/her status via medical records and consult notes. We will partner with you to appropriately and deliberately transition patients back to your care.

---

### Referring Office Information

Date \_\_\_\_\_ Referring Physician Name \_\_\_\_\_

Practice Name \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Contact \_\_\_\_\_

### Patient Information

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Referral Purpose \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_