

# EXPERIENCE THE VIVO DIFFERENCE



## Complete Vivo Referral Form

- Visit [vivoinfusion.com](http://vivoinfusion.com) and download the appropriate referral form
- Complete the entire referral form, paying extra attention to the REQUIRED DIAGNOSTICS and the REQUIRED DOCUMENTATION CHECKLIST
- Submit the completed referral form, along with the required documentation via fax: 855.891.2191, or email: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)
- Our **Patient Care Navigator** Team will confirm receipt with your office via a referral notification



## Benefit and Referral Assessment

- The contents of the referral packet will be reviewed to ensure completeness
- Our insurance team will contact the health insurance plan for benefit verification and prior authorization requirements.
- If additional documentation is needed for a patient financial assessment, the **Patient Resource Specialist** will contact the patient
- Our **Patient Care Navigator** will contact both the referring office and the patient to welcome them and answer any questions



## Infusion is Scheduled

- Once benefits are confirmed, our staff will contact the patient to schedule infusion treatment
- New patients are provided a “Center Introduction” to provide logistical information and answer initial questions
- In preparation for a new patient’s first appointment, the **Patient Resource Specialist** will review insurance benefits and assistance programs
- After three failed attempts to schedule, the patient will be referred back to the practice



## Follow Up

- After the patient has been seen in the infusion center, a record of the patient’s visit is faxed to the referring physician
- After the patient’s infusion treatment, a record of their experience, progress, and treatment notes are emailed to the referring office
- Our caring and compassionate **Patient Care Navigator** is available @ **855.478.1528**
- One of our local **Infusion Specialists** will follow up with the referring office to confirm the best possible infusion experience

WE ACCEPT MEDICARE AND MOST HEALTH INSURANCE PLANS. ASK US FOR A LIST OF IN-NETWORK PLANS.



REFERRAL FAX:  
855.891.2191

REFERRAL EMAIL:  
[referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)



PATIENT CARE NAVIGATOR  
PHONE: 855.478.1528

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