



Comprehensive Cancer Care Network  
ATLANTA | CHICAGO | PHILADELPHIA | PHOENIX | TULSA

**Phone** 855.709.5793 **Fax** 888.920.6462 **Email** referrals@ctca-hope.com  
**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 appropriately updated on his/her status via medical records and consult notes. We will collaborate with you to appropriately and deliberately transition patients back to your care.

### Referring Office Information *(Please print throughout form, except for signature)*

Requesting Provider Name *(First and Last)* \_\_\_\_\_ NPI # \_\_\_\_\_

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

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

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

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

### Patient Information

Patient First Name \_\_\_\_\_ Patient Last Name \_\_\_\_\_

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

Medical Reason for Requested Consultation \_\_\_\_\_

By checking this box, I request that CTCA contact my office first before reaching out directly to my patient.

Referring Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send patient information via fax at 888.920.6462 or encrypted email at referrals@ctca-hope.com.**