HealthPartners

Specialty Physician Referral Request Form: Transplant Program Pre-Consultation Visit

- Please fax form to 952-853-8721
- Prior Authorization Form must be submitted by the specialty provider prior to referring to transplant program.
- Incomplete submissions may result in delay of the decision.

Patient information	
Name:	HealthPartners ID #:
DOB:	
Home Phone:	Work Phone:
Requesting Referral Physician information	
Physician:	Physician NPI #:
Clinic:	Clinic Tax ID#:
Fax #:	Phone #:
Form completed by:	
Name:	Clinic/Facility:
Fax #:	Phone #:
Pre-Transplant Consultation information	
Anticipated Transplant Type:	
Comments:	