

RAPID REFERRAL FORM

Date: ____/____/____

From: _____ ☐ Routine ☐ Urgent

Sender's Fax #: _____ Sender's Phone #: _____

TO REFER OR SCHEDULE A NEW PATIENT:

1. **EMAIL** this form to the email address listed below and include **all pertinent records**:

NewPatientSchedulers@USOncology.com

2. **FAX** this form to the number listed below and **include all pertinent records**:

**Medical Oncology/Hematology/
Gynecologic/Genetics Fax**

(757) 459-2740

Radiation Oncology Fax

Brock Cancer Center: (757) 213-5788

Princess Anne: (757) 368-1111

Sentara CarePlex: (757) 827-2432

3. **CALL** patient scheduler at the numbers listed below:

**Medical Oncology/Hematology/
Gynecologic/Genetics**

(757) 213-5742

Radiation Oncology

Brock Cancer Center: (757) 213-5770

Princess Anne: (757) 368-1100

Sentara CarePlex: (757) 827-2430

PATIENT PROFILE

Demographics sheet attached? ☐ Yes ☐ No (If yes, please be sure all information below is included.)

Patient Name: _____ DOB: ____/____/____ Sex: ☐ M ☐ F
Last First MI

Patient Address: _____
Street City State Zip

Home Phone: () _____ Cell Phone: () _____

Social Security Number: _____ Place of Employment: _____

Race: _____ Language preferred: _____

REFERRING PHYSICIAN INFORMATION

Referring Physician: _____ NPI: _____

Diagnosis: _____ (Please note: Diagnosis is needed to obtain referral if required by insurance)
(i.e. cancer type, heme, ICD-10 code, other)

INSURANCE

Primary Carrier: _____ Subscriber Name: _____

Policy #: _____ Subscriber DOB: ____/____/____

Secondary Carrier: _____ Subscriber Name: _____

Policy #: _____ Subscriber DOB: ____/____/____

VIRGINIA ONCOLOGY ASSOCIATES - PHYSICIANS

Medical Oncology and Hematology

☐ First Available ☐ Alberico ☐ Alencar ☐ Alexander ☐ Ali ☐ Aruch ☐ Atienza ☐ Balanchivadze ☐ Banaag ☐ Bremer ☐ Chang ☐ Cross ☐ Damle
☐ Danso ☐ Deeb ☐ DiNardo ☐ Fleming ☐ Goudar ☐ Hepburn ☐ Kobulnicky ☐ Kok ☐ Kruger ☐ Lee ☐ Naga ☐ Nielsen ☐ NJ (Wykretowicz)
☐ Paschold ☐ Powell ☐ Prillaman ☐ Radkar ☐ Saman ☐ Schaefer-Cutillo ☐ Sile ☐ Simmons ☐ Sing ☐ Tan ☐ Tian ☐ Watson ☐ Xie ☐ Zhang ☐ Zhao

Gynecologic Oncology

☐ First Available ☐ Chau ☐ D. Miller ☐ McCollum ☐ Rogers ☐ Squatrito

Radiation Oncology

☐ First Available ☐ Brock Cancer Center (Archie/Hall/Jones) ☐ Princess Anne (Hall/M. Miller) ☐ Sentara CarePlex (Abana/Kang)

Genetics Testing/Counseling Appointment ☐

FOR INTERNAL USE ONLY

Appointment Date: ____/____/____ Time: _____ Patient Notified: ☐ Yes ☐ No ☐ Left Voicemail Other _____

Physician: _____ Office Location: _____

Accepted Insurance*

AETNA US Healthcare

- Traditional
- EPO
- PPO
- HMO
- POS
- Exchange Products
- Aetna Better Health
- Commonwealth Coordinated Care Plus

Anthem Blue Cross Blue Shield

- Traditional
- EPO
- PPO
- HMO
- POS
- Exchange Products
- Healthkeepers Plus - Managed - Medicaid
- Anthem HK Commonwealth Coordinated Care Plan
- Medicare Advantage

Blue Cross Blue Shield North Carolina

- Traditional
- HMO
- PPO
- Exchange Products
- Healthy Blue of NC (Medicaid)

CIGNA

- Traditional
- POS
- PPO
- HMO
- Cigna Pathwell Network

Coventry (formerly First Health & Southern Health) - Now affiliated with Aetna

- PPO
- HMO
- POS

Fortified Provider Network

- PPO

Galaxy Health Network

- PPO

Humana Medicare Advantage

- PPO
- HMO

MAMSI (affiliated with UHC)

- HMO
- One Net PPO
- MDIPA

MAGELLAN COMPLETE CARE

Sentara Health Plans

- PPO
- HMO
- POS
- Sentara Family Care
- Managed-Medicaid
- Exchange Products
- Medicare Advantage
- SCQN Network
- Sentara Health Community Care
(Formerly Optima Community Care - CCCP)

Tricare

- Select PPO
- Tricare for Life (Supp)
- Prime HMO

United Healthcare

- Traditional
- HMO
- PPO
- Medicare Advantage
- Community Plan of Virginia - CCCP
 - Dual Complete One
 - Dual Complete One Plus
 - Dual Complete Plan 2
- Community Plan of North Carolina (Medicaid)

Virginia Health Network (VHN)/MedCost

- PPO (TPA)

Virginia Premier (Now Sentara Health Plans)

- Virginia Premier Managed Medicaid Plans
- Virginia Premier Medicare Advantage Health Plans
- Virginia Premier CCC Plus
- Virginia Premier Dual Special Needs Plan
- CompleteCare Plan (Medicare-Medicaid Plan)

Medicare

- Virginia
- North Carolina

Medicaid

- Virginia
- North Carolina

In order for our physician to provide you and your patient with the best possible consultation, we will need the following medical records PRIOR to the scheduled appointment:

Oncology Visit:

DIAGNOSIS

- Referring physician notes, initial consult, operation notes, procedure notes, any hospital records and a copy of the patient's current medications
- All radiology reports (chest x-rays, CT, MRI, PET, mammograms, bone scans, EKG, venous doppler, ultrasounds)
- Most recent lab work (last 3 visits)
- Pathology reports (needle biopsy, ER/PR, Her2Neu)
- Tumor Markers, if feasible, to assist with staging and treatment plan

GYN Patients: Additional Information Needed for GYN Patients

- PAP
- Ultrasound
- If patient is already diagnosed:
 - Pathology Reports
 - Radiology Reports
 - Labs

Hematology Visit:

DIAGNOSIS

- Referring physician notes, initial consult, operation notes, procedure notes, any hospital records and a copy of the patient's current medications
- All lab work (CBC's - previous 5 years, all others - 2 year history)
- All radiology reports (chest x-rays, CT, MRI, PET, mammograms, bone scans, EKG, venous doppler, ultrasounds)

Thank you for your assistance!
Southside Offices: (757) 466-8683
Peninsula Offices: (757) 873-9400



Virginia
Oncology Associates



The US Oncology
Network

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