

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:		DEA#:	License#:
Phone:		Alternate Phone:		SSN:	
Height:	Weight:	Allergies:		Phone:	Fax:
Emergency Contact:		Phone:		Contact Person:	
Is the patient pregnant, planning a pregnancy or nursing:				Yes	No
				Does the patient need interpreter services:	
				Yes	No

Documentation (Required)

Insurance Card (front and back)	Current Medications	History/Progress Notes
---------------------------------	---------------------	------------------------

Client Considerations

Diagnosis (ICD 10):

- I82.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity
- I82.402 Acute embolism and thrombosis of unspecified deep veins of left lower extremity
- I82.403 Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
- I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- I82.491 Acute embolism and thrombosis of other specified deep vein of right lower extremity
- I82.492 Acute embolism and thrombosis of other specified deep vein of left lower extremity
- I82.493 Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
- I82.499 Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity
- I82.4Y1 Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
- I82.4Y2 Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
- I82.4Y3 Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
- I82.4Y9 Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
- I82.4Z1 Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
- I82.4Z2 Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
- I82.4Z3 Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
- I82.4Z9 Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
- I82.501 Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
- I82.502 Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
- I82.503 Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
- I82.509 Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- I82.591 Chronic embolism and thrombosis of other specified deep vein of right lower extremity
- I82.592 Chronic embolism and thrombosis of other specified deep vein of left lower extremity
- I82.593 Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
- I82.599 Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
- I82.5Y1 Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
- I82.5Y2 Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity
- I82.5Y3 Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
- I82.5Y9 Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
- I82.5Z1 Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
- I82.5Z2 Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
- I82.5Z3 Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
- I82.5Z9 Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity

continue on page 2

I82.621 Acute embolism and thrombosis of deep veins of right upper extremity
 I82.622 Acute embolism and thrombosis of deep veins of left upper extremity
 I82.623 Acute embolism and thrombosis of deep veins of upper extremity, bilateral
 I82.629 Acute embolism and thrombosis of deep veins of unspecified upper extremity
 I82.721 Chronic embolism and thrombosis of deep veins of right upper extremity
 I82.722 Chronic embolism and thrombosis of deep veins of left upper extremity
 I82.723 Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
 I82.729 Chronic embolism and thrombosis of deep veins of unspecified upper extremity
 Other (please specify): _____

Medication	Dose/Strength			Qty	Refills
LOVENOX® (Enoxaprin)	30 mg/0.3 ml	40 mg/0.4 ml	60 mg/0.6 ml		
	80 mg/0.8 ml	100 mg/1 ml	120 mg/0.8 ml		
	150 mg/1 ml				
ARIXTRA® (Fondaparinux)	2.5 mg/0.5 ml	5 mg/0.4 ml	7.5 mg/0.6 ml		
	10 mg/0.8 ml				
FRAGMIN® (Daltaparin)	2,500 IU/0.2 ml	5,000 IU/0.2 ml	7,500 IU/0.3 ml		

By signing this form I authorize AleraCare and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

Prescriber's Signature

Date