



Harmony Health of WNY

3545 Buffalo Rd. #6

Rochester, NY 14624

Phone: (585) 684-3556

Fax: (585) 360-1701

www.harmonyhealthwny.com

Insurance Authorization or Referral Request

Patient Name: _____

DOB: _____

Insurance Type/Company: _____

Insurance ID # _____

Provider Information: (Physician, Hospital, Rehab, Lab, etc):

Name: _____

Address _____

Phone: _____ Fax: _____

Tax ID: _____

NPI: _____

Dates of Service: _____

Diagnosis Codes (ICD-10): _____

Billing Codes (CPT4): _____

Please provide this worksheet to any medical providers that are providing care to the patient. This information is **REQUIRED** to request an out of network referral authorization from your health insurance company.