

Diamond Respiratory Care — Fax Cover Sheet

1403 Palmyrita Ave, Riverside, CA 92507 | Referral fax: (800) 438-2048 | Phone: (800) 977-3002

Fax to (800) 438-2048 | For COVERAGE QUESTION write "COVERAGE QUESTION" at top

Minimum necessary PHI only.

1 Referring provider

Provider name: _____

NPI: _____

Practice / Facility: _____

Callback number: _____

Best time to call: _____

Fax (if different): _____

2 Patient

Patient name: _____

DOB: _____

Phone: _____

Insurance (primary): _____

Address: _____

Secondary insurance: _____

Member ID: _____

3 Purpose (check one)

☐ New order

☐ Add to existing

☐ Replacement

☐ Coverage question only

4 Equipment requested

Equipment / supply: _____

Qualifying diagnosis + ICD-10: _____

5 Urgency

☐ Routine

☐ Next business day

☐ Urgent respiratory (call (800) 977-3002)

6 Discharging from a facility?

☐ No

☐ Yes — Facility / Unit: _____

Discharge date/time: _____

7 Attached (check all that apply)

☐ SWO signed & dated

☐ Face-to-face note

☐ Chart notes

☐ Test results (oximetry / sleep study / other)

Page count (including this cover): _____

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We confirm receipt and next steps by phone — every time. For urgent oxygen/ventilators call (800) 977-3002.

EMR ordering available — call (800) 977-3002 to set up. Verify coverage against current LCD/payer policy.

Confidential fax — if received in error, please call (800) 977-3002.