



Wound Care Communication Tool

Today's Date: _____ Referral Source: _____

Date Referral Received: _____ Fax Leading Reach Phone Compass

Referral Contact Number: _____

Patient MRN: _____ Language Spoken: _____

Patient Phone #: _____

Patient Name: _____ Patient DOB: _____

Insurance Payor: _____ Patient ID#: _____

Insurance Provider Phone Number: _____

Authorization required for the following codes:

Wound Care E&M CPTs

99213

99214

Burn (E&Ms)

16000

16020

16025

16030

Procedure CPTs

97597

11042

97606

29580

of visits used _____ # of visits remaining _____

Authorization # obtained by clinical: _____

Scheduled By: _____

Date & Time: _____