



Humira Crohn's Referral Form

BIOMED Pharmaceuticals

Phone: (817) 923-4495

Toll Free: (866) 923-4495

Intake Fax: (866) 923-4492

Corporate Office
1512 8th Ave. Suite 100
Fort Worth, TX 76104

Desoto
2727 Bolton Boone Dr. Ste 110
Desoto, TX 75115

Houston
1919 N. Loop West, Ste 180
Houston, TX 77008

Tyler
837 S. Fleishel
Tyler, TX 75701

San Antonio
211 North San Saba, Suite 205
San Antonio, TX 78207

Name: _____ Date of Birth: _____ Allergies: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Male _____ Female _____

Primary Insurance: _____

Secondary Insurance: _____

Phone #: _____

Phone#: _____

Subscriber: _____ DOB: _____

Subscriber: _____ DOB: _____

ID#: _____ Policy/Group#: _____

ID#: _____ Policy/Group#: _____

Prescription Drug Card _____ Number _____

Statement of Medical Necessity

Diagnosis:

- 555.0 Regional Enteritis
- 555.1 Regional Enteritis large intestine
- 555.2 Regional Enteritis small and large intestine
- 555.9 Regional Enteritis, unspecified site
- 565.1 Anal fistula
- 569.81 Intestinal fistula, excluding rectum and anus
- 556.2 Ulcerative Colitis

Weight _____ (lbs) _____ (kg)

Allergies: _____

Medications: NO YES (please explain) _____

Prescription: good for one year unless otherwise specified under special instructions.

Humira Crohn's Disease STARTER PAK

Frequency: 160 mg/week 0 (4 injections in 1 day or 2 injections per day for 2 consecutive days)
80 mg/week at start of Week 2

Humira Maintenance Dose

40 mg every other week beginning at Week 4 (maintenance dose)

Other _____

Injection Training at Physician's Office _____ TB test _____

Special Instructions _____

Physician Certification: I certify the above therapy is medically necessary for 1 year, and the information is accurate to the best of my knowledge.

Signature: _____ Date _____

Print Name: _____ DEA# _____ NPI# _____

Address: _____ City: _____ St _____ Zip _____

Phone: _____ Fax: _____ **Thank you for your referral.**



Please send front and back copy of all insurance cards with referral.