



Heart Center New Patient Referral Requirements

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Children's Hospital Los Angeles

International Leader in Pediatrics

Please complete and fax to the number above. Thank you!

Date: ____/____/____

Patient First Name: _____ Last Name: _____

ADDITIONAL REFERRAL INFORMATION REQUIRED

Delays in obtaining documentation will delay appointment scheduling

I. CHLA "NEW PATIENT REFERRAL FORM - ALL CLINICS" MUST BE COMPLETED

II. ADDITIONAL PATIENT INFORMATION - NONE REQUESTED

III. CLINICAL DOCUMENTATION REQUESTED:

___ Current medical reports

___ CXR (X-Ray film must be brought with the patient) if done in the past 3 months

___ EKG (May be faxed if legible)

Note: If CXR & EKG not available through PCP, please submit authorization to our office prior to the appointment

Note: If patient requires Echocardiogram it must be performed at CHLA

IV. AUTHORIZATION REQUESTED (If non-PPO Patient):

Office Visit:

___ 99244 - New patient

___ 99274 - 2nd Opinion

___ 99214 - Follow-up

___ 97802 - New Dietary

Echocardiogram (All 3 codes are required)

___ 93307 - Transthoracic complete

___ 93320 - Doppler complete

___ 93325 - Color flow mapping

Treadmill/Stress (Both codes are required)

___ 93016

___ 93018

EKG (Both codes are required)

___ 93010

___ 93005

X-Ray:

___ 71010

___ 71020 (AP & Lateral)

24-Hour Holter (All 3 codes are required)

___ 93225

___ 93226

___ 93227