



## Patient Assistance Referral Guide

This form is to be used only as a guide as to what information is required when placing a referral. You must call Breathe PA at 724-772-1750 to start the application process. This is not an application. Once you have called in the referral, the application will be sent to all patients for their review and signature.

### We are able to provide:

- Respiratory Medications
- Nebulizer (**prescription required**)
- Spacer (**prescription required**)
- Peak Flow Meter
- Air Conditioner
- Pulmonary Rehab (to be negotiated with rehab facility)

### Information required when making referral:

1. Referral source (contact name, phone, address)
2. Patient name, address, phone
3. Parent/caregiver name (if applicable)
4. Patient diagnosis
5. Patient DOB
6. Patient/caregiver email
7. Physician name and phone
8. Patient Social Security Number (for medication requests only)
9. Copy of patient insurance card front and back (for medication requests only)
10. Prescription to be faxed to Breathe PA (for spacers, medications and nebulizers only)

Fax required documents to: 724-772-1180