

Referral Forms — In Preparation

Thank you for your interest in referring a patient to TheraVite Health. Therapy-specific referral forms are currently in preparation as TheraVite completes pre-launch credentialing and operational setup.

In the interim, please contact us directly to begin the referral process:

Email: info@theravitehealth.com

Phone: Coming soon (please email)

Fax: Coming soon (please email)

Please include the following information in your email referral:

- Patient name and date of birth
- Insurance information (front and back of card if possible)
- Prescribed medication, dose, and frequency
- ICD-10 diagnosis code
- Prescribing provider name, contact, and NPI
- Urgency (routine, urgent, immediate)
- Relevant clinical notes (recent labs, prior therapies, allergies)

What happens next: A TheraVite team member will acknowledge your referral the same business day, complete benefits verification within 24 to 48 hours, and contact you with next steps.