



PROVIDER REFERRAL GUIDE – VOLUSIA COUNTY

THE FHCP PROVIDER REFERRAL GUIDES CAN BE FOUND AT

[HTTPS://WWW.FHCP.COM/PROVIDERS/](https://www.fhcp.com/providers/)

AND THE FHCP PROVIDER PORTAL

DISCLAIMER: This Provider Referral Guide is for informational purposes only and solely for the provider's use. Nothing herein shall be construed as extending, modifying, or in any way stating the coverage and benefits of members.

Authorization is not a guarantee of payment. Coverage is subject to member eligibility, applicable benefit criteria, and Provider contract provisions effective as of the date of service. Contract limitations may apply and supersede any authorization provided.

In the event of any inconsistency between the information contained in this guide and the agreement(s) between you/your facility and Florida Health Care Plans, the term of such agreement(s) shall govern. This Provider Referral Guide is not intended to be a complete statement of policies or procedures applicable to Providers.

Please contact Florida Health Care Plans Provider Relations at 386-615-5096 or email ProviderRelations@FHCP.com for any additional information.

HELPFUL TIPS FOR REFERRAL GUIDE NAVIGATION:

- **Ctrl + F** – Brings up the “Find” function box. Type the specialty in the box, and exact matches will appear to the left of your screen on the Navigation panel. Select your choice, and you'll be directed to the specialty under the Table of Contents. Click on the specialty to go directly to the list of specialists.
- Alternatively, you may select the specialty of choice in the Table of Contents. Click on the specialty to go directly to the list of specialists.
- **Ctrl + Home** will return you to the top of this document.

PROVIDER REFERRAL GUIDE – VOLUSIA COUNTY

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|---------------------------------|--|
| Benefit & Eligibility Questions | Ph:386-615-4024 |
| Case Management Utilization | Ph: 386-676-7187 Fax: 386-615-4058 |
| Claims Customer Service | Ph: 386-615-5010 Email: claims@fhcp.com |
| Central Referrals | Ph: 386-238-3230 Fax: 386-238-3253 |
| Health Information Management | Ph: 800-352-9824 X 3550 Fax: 888-427-4544 Email: medrecroi@fhc.com |
| Provider Relations | Ph: 386-615-5096 Fax: 386-676-7167 Email: providerrelations@fhcp.com |

A BLACK BOX Indicates prior authorization is required through the FHCP Central Referrals Department. Services that require prior authorization must have documentation of medical necessity. If documentation is unavailable, your request may be denied. Please refer to this Provider Referral Guide for assistance in referring our patients for services.

For URGENT REQUESTS (i.e., life-threatening, or serious jeopardy to health) requiring prior authorization, the requesting provider must call FHCP Central Referrals at 386-238-3230.

HALIFAX EMPLOYEE CARE NETWORK (HECN) AND **BETHUNE-COOKMAN UNIVERSITY**, CAN SEE ALL LISTED HMO PROVIDERS, AS WELL AS ADDITIONAL PROVIDERS, AS SPECIFIED, WHO HAVE BEEN **INDICATED IN GREEN** WITHIN THIS DOCUMENT. Note that there are guideline variations for **Halifax Employee Care Network (HECN)**.

EXTENDED PROVIDER NETWORK (EPN) PROVIDERS ACCEPTING ONLY **TRIPLE OPTION PLAN MEMBERS** HAVE THIS PLAN **INDICATED IN BLUE** WITHIN THIS DOCUMENT.

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ACUPUNCTURE

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

This program is for FHCP Medicare members with a history of chronic lower back pain lasting 12 weeks, not identifiable with a systemic cause (such as metastatic, inflammatory, or infectious disease) and not associated with surgery or pregnancy

ACUTE LOW BACK & NECK PROGRAM (1 of 2 pages)

This low back and neck pain program is for FHCP members ages 17 and above. The program is for *acute pain, less than two-weeks duration*. Access to this program can be made by either the physician or the patient.

PHYSICIAN:

For members whom you have recently treated for low back or neck pain, please give an order to the patient indicating “Acute Low Back & Neck Program.” Instruct the member to call for an appointment at the nearest location (list of *Outpatient Rehabilitation Programs* on the next page) and to bring your order to their initial visit.

The member is responsible for their copayment.

MEMBER:

Direct access – patient may call to self-refer. Patient must not be currently receiving care from a physician for low back or neck pain. Appointments will be limited to no more than four (4) visits in two (2) weeks.

The member is responsible for their copayment.

A list of locations providing these services appears on the next two pages.

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ACUTE LOW BACK & NECK PROGRAM – (2 of 2 pages - See page 1 of 2 for instructions.)

OUTPATIENT REHABILITATION LOCATIONS

| | | |
|---|---|--|
| Ability Health Services & Rehabilitation | 290 Clyde Morris Boulevard, Suite A1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| Ability Health Services & Rehabilitation | 401 Venture Boulevard, Suite B, South Daytona, FL 32119 | Ph: 386-763-0084 Fax: 386-763-0085 |
| Ability Health Services & Rehabilitation | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-763-0085 |
| Ability Health Services & Rehabilitation | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| Ability Health Services & Rehabilitation | 294 Treemont Drive, Orange City, FL 32763 | Ph: 386-878-1200 Fax: 386-561-9284 |
| Blue Water Therapy | 916 N. Dixie Freeway, New Smyrna Beach, FL 32168 699 N. Dixie Freeway, New Smyrna Beach, FL 32168 600 Eaton Road, Edgewater, FL 32132 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 866-239-9013 Ph: 386-426-7885 Fax: 386-239-9013 Ph: 386-426-7885 Fax: 386-239-9013 Ph: 386-410-6903 Fax: 386-402-7459 |
| Professional Physical Therapy Ages 13+ | 1316 S. Ridgewood Avenue, Suite 1, Edgewater, FL 32132 | Ph: 386-423-0100 Fax: 386-428-8631 |

ALLERGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Michael D. Kohen, MD #004099 Vinicius Costa Diniz Domingues, MD #064728 Ages 3+ | Allergy, Asthma, Arthritis & Lung Center 709 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-252-1632 Fax: 386-257-5526 |
| Yong Tsai, MD #004441 Ages 13+ | Arthritis, Autoimmune, and Allergy 1893 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32117 | Ph: 386-676-0307 Fax: 386-677-7842 |
| Rajesh K. Patel, MD #112424 Ages 5+ | Asthma Allergy Care Center 2511 Junior Street, Orange City, FL 32763 | Ph: 386-774-1221 Fax: 386-774-8660 |
| Sean Hess, DO #154538 Juan C. Mas, MD #061118 Bernard Zeffren, MD #148555 Ages 2+ | AllerVie Health 1890 LPGA Blvd., Ste. 255, Daytona Beach, FL 32117 | Ph: 386-673-1323 Fax: 386-676-7448 |
| Daniel Rothbaum, MD #011652 Devang Shah, MD #006370 All ages | Atlantic Ear, Nose, & Throat 963 Town Center Drive, Suite 100, Orange City, FL 32763 1431 Orange Camp Road, Suite 112, Deland, FL 32724 | Ph: 386-774-9880 Fax: 386-774-2898 All locations |
| Sally Dee, MD #154240 All ages | FrontierMed Allergy & Asthma Center 947 Town Center Drive, Orange City, FL 32763 | Ph: 386-366-5530 Fax: 855-936-1288 |

AMBULATORY SURGICAL CENTERS (ASC)

PLEASE SEE *SURGICAL FACILITIES*.

APPLIED BEHAVIORAL ANALYSIS (ABA THERAPY)

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

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| Easterseals Northeast Central Florida #10J850 <i>After initial evaluation, ABA Therapy may be provided at the member’s place of residence.</i> | 1219 Dunn Avenue, Daytona Beach, FL 32114 | Ph: 386-255-4568 Fax: 386-258-7677 |
| | 650 West New York Avenue, Deland, FL 32720 | Ph: 386-944-7801 Fax: 386-262-1907 |
| | 3804 Pioneer Trail, New Smyrna Beach, FL 32168 | Ph: 386-271-2129 Fax: 386-258-7677 |

ARTERIAL BLOOD GASES (ABG)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
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| Halifax Health #00Y007 | 303 N. Clyde Morris Blvd., Daytona Beach, FL 32114 | Ph: 386-238-2251 Fax: 386-238-2252 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| AdventHealth Fish Memorial Imaging #00YG34 | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |

AUDIOLOGY SERVICES – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed, *except for Easterseals, as noted on page 2 of 2.*

The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Atlantic Ear, Nose, & Throat, PA All ages | 963 Town Center Drive, Suite 100, Orange City, FL 32763 1431 Orange Camp Road, Suite 112, Deland, FL 32724 | Both locations: Ph: 386-774-9880 Fax: 386-774-2898 |
| Kassondra Hemmen, AuD #093175 Arielle Richard, AuD #101749 Kelsee Lothes, AuD #127149 Analee Stallings, AuD #145718 Ages 18+ | Atlantic Hearing Balance & Tinnitus Center 1680 Dunlawton Avenue, Port Orange, FL 32127 1400 Hand Avenue, Suite M, Ormond Beach, FL 32174 263 North Causeway, New Smyrna Beach, FL 32169 742 North Volusia Avenue, Orange City, FL 32763 | Ph: 386-756-8225 Fax: 386-767-0742 Ph: 386-756-8225 Fax: 386-767-0742 Ph: 386-410-4399 Fax: 386-767-0742 Ph: 386-585-4161 Fax: 386-767-0742 |
| Florida ENT Associates | 1050 W. Granada Boulevard, Suite 4, Ormond Beach, FL 32174 1185 Dunlawton Avenue, Suite 102, Port Orange, FL 32127 3 Pine Cone Drive, Suite 105, Palm Coast, FL 32137 | All locations: Ph: 386-677-8808 Fax: 386-222-0769 |

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AUDIOLOGY SERVICES – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed, *except for Easterseals, as noted below.*

The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|--|---------------------------------------|
| First Coast Hearing Clinic Ages 18+ | 290 Clyde Morris Boulevard, Suite C1, Ormond Beach, FL 32174 | Ph: 386-677-2366 Fax: 386-671-0342 |
| Timko Hearing Care Ages 10+ | 844 N. Stone Street, Suite 206, Deland, FL 32720 | Ph: 386-736-7192 Fax: 386-736-8520 |

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AUDIOLOGY SERVICES (2 of 3 pages)

EASTERSEALS REFERRALS REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the ordering provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386-238-3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|--|---------------------------------------|
| Easterseals Northeast Central Florida #10J850 | 1219 Dunn Avenue, Daytona Beach, FL 32114 | Ph: 386-255-4568 Fax: 386-258-7677 |
| | 650 West New York Avenue, Deland FL 32720 | Ph: 386-944-7801 Fax: 386-262-1907 |
| | 3804 Pioneer Trail, New Smyrna Beach, FL 32168 | Ph: 386-271-2129 Fax: 386-258-7677 |

AUTISM SPECTRUM DISORDER (ASD)

Prior authorization from the FHCP Central Referral Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The FHCP psychiatrist will evaluate and diagnose the member. Once evaluated and a confirmatory diagnosis is made, the FHCP psychiatric office will submit a referral order to our FHCP Central Referral Department. The Central Referral Department will review the request to determine benefit eligibility has been met for coverage of ASD. If approved, the FHCP Central Referral Department will notify the FHCP-contracted provider who renders Autism Spectrum Disorder Treatment, who will then schedule the member.

| | | |
|---|--|---------------------------------------|
| FHCP Behavioral Health Department Miriam A. Staub, MD #090747 Ages 2+ | Florida Health Care Plans Edgewater 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-427-5157 |
| FHCP Behavioral Health Department Maria Masferrer, MD #117186 Ages 5+ | Florida Health Care Plans Ormond Beach 483 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-481-6160 Fax: 386-481-6170 |

BARIATRIC SURGERY PROGRAM

Prior authorization from FHCP Central Referrals is not needed *for the program*. However, **prior authorization is required for bariatric surgery**. For the Bariatric Surgery *Program*, the requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

THE REQUEST FOR BARIATRIC SURGERY REQUIRES PRIOR AUTHORIZATION. FHCP encourages all bariatric surgery providers to contact FHCP to verify the member's benefits. Please complete the "Request for Surgical and Special Procedure Form" found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval. *Note that bariatric surgery requires the member to meet a BMI parameter of >40, or >35 with complications.*

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
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| Joel Sebastien, MD, FACS #10Q956 Ages 18+ | East Coast Bariatrics at Halifax Health 201 N. Clyde Morris Blvd., Suite 210, Daytona Beach, FL 32114 2777 Enterprise Road, Suite 5, Orange City, FL 32763 | Both locations: Ph: 386-238-3205 Fax: 386-238-3234 |
|--|--|--|

BARIUM SWALLOW TESTING

Prior authorization from the FHCP Central Referral Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Outpatient barium swallow tests ordered with a separate speech therapist / swallowing evaluation will need to be scheduled at the **Radiology / Imaging Department** of an in-network hospital listed below.

| | | |
|---|--|------------------|
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-917-5000 |
| AdventHealth Daytona Beach #00Y015 | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-231-3034 |
| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-3040 |
| | 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-425-7526 |
| Halifax Health / UF Health Medical Center of Deltona #086901 | 3300 Halifax Crossings Boulevard, Deltona, FL 32725 | Ph: 386-425-6100 |

BEHAVIORAL HEALTH (1 of 18 pages)

Prior authorization from FHCP Central Referrals is not needed for the services listed immediately below. The requesting provider will send an order to the specialist. Provider should include patient's psychiatric history, recent labs, and medication list. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

- Cognitive screening / behavioral therapy (CBT)
- Critical incident stress management counseling and treatment (CISM)
- Eye movement desensitization and reprocessing (EMDR) for non-Medicare members. *Medicare does not cover EMDR therapy.*
- Post-traumatic stress disorder/syndrome counseling and treatment (PTSD)

THE SERVICES LISTED IN THE BLACK BOX BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

- **Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.
- **Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

- **NEURO-LINGUISTIC PROGRAMMING (NLP)**
- **NEUROPSYCHOLOGICAL TESTING**
- **RAPID TRAUMA RESOLUTION THERAPY**
- **TRANSCRANIAL MAGNETIC STIMULATION**
- **HYPNOSIS**

Substance use disorder information can be found under the heading ***SUBSTANCE USE DISORDER*** within this document.

BEHAVIORAL HEALTH – (2 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

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| Florida Health Care Plans Daytona Beach | 330 N. Clyde Morris Blvd., Suite 10, Daytona Beach, FL 32114 | Ph: 386-676-7175 Fax: 386-676-7134 |
| Florida Health Care Plans Palm Coast | 315 Palm Coast Parkway NE, Suite 3, Palm Coast, FL 32137 | Ph: 386-317-8930 Fax: 904-295-3686 |
| Florida Health Care Plans Edgewater | 239 N. Ridgewood Avenue, Suite 1, Edgewater, FL 32132 | Ph: 386-427-4868, Fax: 386-427-5157 |
| Florida Health Care Plans Debary | 110 Pond Court, Suite 201, Debary, FL 32713 | Ph: 386-317-8635 Fax: 386-317-8637 |
| Florida Health Care Plans Ormond Beach | 483 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-481-6160 Fax: 386-481-6170 |
| Florida Health Care Plans Port Orange | 740 Dunlawton Avenue, Suite 200, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-481-5121 |

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BEHAVIORAL HEALTH – (3 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|--|--|--|
| Angela Jones, LMFT #080070 Ages 4+ | Art of Therapy Counseling & Consulting Group 275 South US Highway 17-92, Suite 102, Debary, FL 32713 | Ph: 407-602-3550 Fax: 407-602-3550 |
| Elizabeth Shoemaker, LMFT #039542 Ages 13+ | Behavioral Health Center of Ormond Beach 533 N. Nova Road, Suite 209, Ormond Beach, FL 32174 | Ph: 386-589-5610 Fax: 386-672-0771 |
| Elisa Carter, LMHC #069691 Cristen Coker, LMHC #052988 Ages 3+ | Better Day Therapy 501 North Ridgewood Avenue, Suite E, Edgewater, FL 32132 | Both locations: Ph: 386-663-4495 Fax: 386-269-6121 |
| Patricia A. Richeson, LCSW #082210 Ages 6+ | Biopsychosocial Counseling 333 W. Wisconsin Avenue, Deland, FL 32720 | Ph: 781-640-1654 Fax: 386-279-7285 |
| William Brennan, LMHC #287674 <i>EPN Triple Option members only</i> | 507 Memorial Circle, Suite 150, Ormond Beach, FL 32174 | Ph: 386-473-3290 Fax: 386-672-9251 |
| Riaz Rahman, MD #047816 Ages 10+ | Comprehensive HealthCare, P.A. 575 N. Clyde Morris Blvd., Ste. A, Daytona Beach, FL 32114 | Ph: 321-355-7377 Fax: 800-930-4957 |

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BEHAVIORAL HEALTH – (4 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|---|--|--|
| Brenda C. Rockwell, LMHC #090493 Ages 5+ | Chrysalis Counseling Center, LLC 1728 Dunlawton Ave., Ste. 2 Port Orange, FL 32127 | Ph: 386-281-0717 Fax: 386-259-6112 |
| Andrea Butler, LMFT #128179 (NSB location only) Ages 18+ Potoula Diaz, LMFT #085460 (NSB location only) Ages 5+ Sarah Kuykendall, LCSW #060940 Ages 6+ Jessica Magers, LMHC, #090080 Ages 6+ Angelique McLoughlin, APRN #135134 (NSB location only) Ages 5+ Jerry Oestmann, PhD #047257 Ages 5+ Shane Porter, LMHC #010963 (NSB location only) Ages 10+ Blayne Prasse, LMHC # 149727 (NSB location only) Ages 8+ Kim Carter Winokur, LMHC #055222 Ages 6+ | Counseling Center of New Smyrna Beach 136 Julia Street, Suite 100, New Smyrna Beach, FL 32168 1730 Dunlawton Avenue, Suite 3, Port Orange, FL 32127 | Ph: 386-423-9161 Fax: 386-423-3094 Ph: 386-957-3905 Fax: 386-402-8992 |

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BEHAVIORAL HEALTH – (5 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

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| Angela R. Baldwin, LMHC #093584 Marilyn DeLuera, LCSW #097672 Liana Menendez, LCSW #091995 Edward Merkle, LMHC #058466 Ages 10+ | Counseling - Therapy of New Smyrna - Port Orange - Daytona Beach 4770 South Ridgewood Avenue, Suite 2, Port Orange, FL 32127 | Ph: 386-416-9767 Fax: 386-406-8135 |
| Antonio Cubano, MD, #10Y952; Ages 2+ Parinaz Fard-Aghaie, LMHC #147594; Ages 6+ Kiara Nieves, LMHC #147838 Ages 6+ Ana Rodriguez, LCSW #094099; Ages 5+ | 352 Englenook Drive, Debary, FL 32713 | Ph: 407-732-7266 Fax: 407-732-7310 |
| Emeka Anyiam, LMFT #077302 Ages 2+ | Embridge Counseling Services 435 Ridgewood Avenue, Suite 204C-205, Daytona Beach, FL 32114 | Ph: 386-747-6541 Fax: 866-401-6150 |
| Cindy L. Nelson, LMHC, #068645 Ages 13+ | EMDR Counseling Associates 366 E. Graves Avenue, Suite D, Orange City, FL 32763 | Ph: 801-450-5704 Fax: 407-641-9943 |
| Sutton Shepherd, LMHC, #10S209 Ages 13+ | EMDR Counseling Associates 366 E. Graves Avenue, Suite D, Orange City, FL 32763 | Ph: 386-679-4429 Fax: 407-641-9943 |
| David Spellman, LMHC & LMFT, #149474 Ages 6+ | Good Shepherd Counseling 265 East Graves Avenue, Orange City, FL 32763 | Ph: 386-624-2177 |

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BEHAVIORAL HEALTH – (6 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

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|--|---|---------------------------------------|
| Emily Edwards, LCSW #069560 Ages 6+ | 118 ½ North Woodland Boulevard, Suite 3, Deland, FL 32720 | Ph: 407-765-4703 |
| Josette Romain, MD #011590 Adly Thebaud, MD #104459 Ages 18+ | Family Psychiatric Services 2725 Rebecca Lane, Orange City, 32763 | Ph: 386-775-0736 Fax: 386-775-0738 |
| Kristy M. Forare, Psy.D. #10J865 Ages 18+ | 713 West New York Avenue, Suite 101, Deland, FL 32720 | Ph: 386-742-4822 Fax: 386-943-9937 |
| Autumn French, LMFT # 041745 Ages 15+ <i>Established patients only.</i> | 1025 W. New York Avenue, Suite 3, Deland, FL 32720 | Ph: 386-214-5143 Fax: 386-873-7565 |

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BEHAVIORAL HEALTH – (7 of 18 pages)

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| | | |
|---|---|---|
| Eve M. Brinson, LMHC #128255; Ages 9+ Ryan A. Freda, LMHC #109655; Ages 13+ Solimar Marin-Aviles, LMHC #128256; Ages 18+ Michelle Patterson, LMHC #10V168; Ages 6+; established patients only Jordan Mueller, LMHC #093391; Ages 3+ Jayna Race, LMHC #066755; Ages 6+; established patients only | Heart Peace Counseling Center 112 W. New York Avenue, Suite 215, Deland, FL 32720 | Ph: 407-797-5289 Ph: 877-515-7775 Fax: 386-742-1508 |
| Kathryn Fraser, PhD #010102 HECN Members Only | Halifax Center for Family & Sports Medicine 201 N. Clyde Morris Boulevard, Suite 200, Daytona Beach, FL 32114 | Ph: 386-425-4165 Fax: 386-425-7545 |
| Jeanette Jacobs, Psy.D. #075896 Ages 5+ | 627 N. Grandview Avenue, Suite 242, Daytona Beach, FL 32118 | Ph: 570-404-4740 Fax: 386-943-9937 |
| Abbie C. James, LMHC #065500 Ages 4+ | 3930 S. Nova Road, Suite 103, Port Orange, FL 32127 | Ph: 386-871-1734 Fax: 386-402-8992 |
| David L. Johns, LMHC #057539 Ages 18+ | 465 Summerhaven Drive, Suite A, Debary, FL 32713 | Ph: 407-970-8814 Fax: 888-386-7036 |
| Jill Sheldon, LCSW #150878 | Jill Sheldon Counseling 333 W. Wisconsin Avenue, Deland, FL 32720 | Ph: 386-337-4308 Fax: 386-327-7562 |
| Teresa Stevenson, LMHC #143517 Ages 13+ | JT's Hope and Healing Wellness Center 1138 W. Granada Blvd., Ormond Beach, FL 32174 | Ph: 386-283-6331 Fax: N/A |

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BEHAVIORAL HEALTH – (8 of 18 pages)

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| Sara Keen, LMHC #040804 Ages 5+ | Keen Counseling, LLC 1362 N. US Hwy 1, Suite 301, Ormond Beach, FL 32174 | Ph: 386-871-9632 Fax: 386-200-4410 |
| Kim Kroeger-Bushell, APRN #101029 Ages 18+ | 3959 S. Nova Road, Ste. 35, Port Orange, FL 32127 | Ph: 386-241-7018 Fax: 386-202-2918 |
| Patricia Adams, LCSW #079410, Ages 18+ Karen Boggs, LCSW #085925, Ages 3+ Nancy Dawson, LCSW #120510, Ages 21+ Zoe Lyon-Goldman, LCSW #153432 Ages 12+ Katherine Redman, LMHC #146062 Ages 12+ Carla Morales, LMHC #083871, Ages 13+ Katherine Staley, LMHC #079407, Ages 18+ Erin Stephens, LMHC #134058, ages 3+ John Townsend, LCSW #091907, Ages 12+ Angela M. Yates, LMHC #114800, Ages 6+ | Lakeside Counseling and Wellness Center 900 N. Swallowtail Drive, Suite 105, Port Orange, FL 32129 | Ph: 386-333-9717 Fax: 386-333-9718 Crisis Line: 800-273-8255 |
| William McKibben, LCSW #150908 (Non-Medicare Members Only) Janae Ponder, LCSW #143548 All ages | Life-Spire Counseling Services 780 Deltona Boulevard, Suite 102, Deltona, FL 32725 | Ph: 386-400-3100 Fax: 386-968-3257 |
| Courtney Mahairas, LMHC #078774 All ages | Lighthouse Behavioral Health 595 N. Nova Road, Suite 119, Ormond Beach, FL 32174 | Ph: 386-492-9041 Fax: 386-492-9061 |
| Jamie McCole-Vaglica, LMHC #078907 Ages 2+ | Looking Forward Counseling 3930 S. Nova Road, Suite 307, Port Orange, FL 32127 | Ph: 386-310-4043 |
| Jessica Magers, LMHC #090080 Ages 5+ | 136 Julia Street, Suite 100, New Smyrna Beach, FL 32168 | Ph: 386-423-9161 Fax: 386-423-3094 |

BEHAVIORAL HEALTH – (9 of 18 pages)

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|---|---|---------------------------------------|
| Kelly Jo Bowles, LCSW #099501 Ages 5+ | Magnolia Grove Counseling 104 Treemont Drive, Orange City, FL 32763 | Ph: 386-385-4748 Fax: 386-855-8729 |
| Katherine Billiot, PsyD #10B017 Lana Brown, LMHC #10V239 Ages 3+ <i>EPN Triple Option members only</i> | Medical Psychology Center 570 Memorial Circle, Suite 150, Ormond Beach, FL 32174 | Ph: 386-672-9250 Fax: 386-672-9251 |
| Katy Redel, LMHC #121529 Non-Medicare Only Carmen Virtuoso, LCSW #128605 Ages 3+ | Mindful Healing Counseling Services 2102 S. Ridgewood Avenue, Suites 13 & 17, Edgewater, FL 32141 | Ph: 386-402-8346 No fax number. |
| Kathleen Conrad, LCSW #073848 Ages 1+ | New Beginnings Therapeutic Services 4721 East Moody Boulevard, Suite 503, Bunnell, FL 32110 | Ph: 386-437-7747 Fax: 386-437-4938 |
| Gary Frick, MD #039522 Ages 14+ | Northeast Florida Psychiatric Association 804 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 | Ph: 386-767-8584 Fax: 386-767-8536 |
| Margaret Billings, LMHC #064150 Ages 18+ | NuDawn Health Services 50 W. Granada Blvd., Daytona Beach, FL 32174 | Ph: 386-366-1726 Fax: 386-401-2414 |

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BEHAVIORAL HEALTH – (10 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|--|--|---------------------------------------|
| Sarah Allen, LMHC #098528, Ages 13+ Kathleen Coughlin, LCSW #078878, Ages 10+ Rachel Dawson, LMHC #097453, Ages 13+ Chelsea Farrell, LMHC #148896, Ages 12+ Carrie Oliver, LCSW #087305, Ages 10+ Christine Renuart, LCSW #099816, Ages 13+ Megan Walls, LMHC #148909, Ages 12+ | OceanVista Counseling Associates 1275 W. Granada Boulevard, Suite 6A, Ormond Beach, FL 32174 | Ph: 386-449-8600 Fax: 833-559-1151 |
| Scott Osborn, LMHC #090847 Ages 10+ | Osborn Wellness & Counseling 430 Summerhaven Drive, Suite 200, DeBary, FL 32713 | Ph: 407-607-4901 Fax: 386-259-5914 |
| Patricia Peace, LMHC #089625 Ages 1+ | Peaceful Counseling 430 Summerhaven Dr., Unit 200, DeBary FL 32713 | Ph: 386-479-9062 Fax: 321-249-0741 |
| Shelly Stum, LCSW #093389 Ages 12+ | Peaceful Healing Solutions 128 Orange Avenue, Daytona Beach, FL 32114 | Ph: 386-968-2032 Fax: 386-269-4841 |
| Concetta Tina Pomroy, LMFT #104712 <i>EPN Triple Option members only</i> | 4643 S. Clyde Morris Boulevard, Suite 306, Port Orange, FL 32129 | Ph: 386-767-7252 Fax: 386-898-0534 |

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PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|---|--|--|
| <p>Lisa Benitez, LMHC #076787 Robert L. Cavin, LMHC #093844 (Daytona & Granada only) Richard Fay, LCSW #076786 Brandon Harris, LMHC #091504 Lisa Johnson, LCSW, LMFT #089489 Kristi Miller, LMHC #076778 Blessing Pereira, LMHC #076779 Michelle Protko, LMHC #064020 Jacqueline Rita, LMHC #098439 (Deland & Daytona only) Agelina Vickers, LMHC #134756 (Ormond locations only) All ages</p> <p>Kristin Brown, LMHC #134180 Rebecca Railsback, LMHC #145711(Ormond locations only) All ages</p> | <p>Presbyterian Counseling Center 3232 La Paloma Avenue, Daytona Beach, FL 32118</p> <p>121 W. Pennsylvania Avenue, Deland, FL 32720</p> <p>509 Magnolia Avenue, New Smyrna Beach, FL 32168</p> <p>1035 W. Granada Boulevard, Ormond Beach, FL 32174</p> <p>105 Amsden Road, Ormond Beach, FL 32176</p> <p>336 S. Halifax Drive, Ormond Beach, FL 32176</p> <p>3600 Aloma Avenue, Oviedo, FL 32765</p> <p>156 Florida Park Drive, Palm Coast, FL 32137</p> <p>4662 S. Clyde Morris Boulevard, Port Orange, FL 32129</p> | <p>All locations: Ph: 386-258-1618 Fax: 386-253-4215</p> |
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BEHAVIORAL HEALTH – (12 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|--|---|---------------------------------------|
| Jennifer Mann, LMHC #064823 Ages 5+ | REACH Counseling & Wellness 7421 E. Moody Boulevard, Suite 204, Bunnell, FL 32110 | Ph: 386-793-9669 Fax: 386-256-1761 |
| Bret Althafer, LMHC #041907, Ages 15+ Christie Cain, LMHC #125084, Ages 12+ Adriana Carreno, LMHC #126078, Ages 6+ Edda Casanova, MD #041672, Ages 15+ Nathalia Munoz Dibenardo, LMHC #094268, Ages 8+ Oswaldo Perez, LMHC #152848, Ages 6+ Mariel Colon Dunn, LMHC #062172, Ages 15+ Carmen Sanz, MD #06331, Ages 15+ Hilda Vega-Vazques, MD #10F568, Ages 15+ | Saafe Behavioral Services, LLC 201 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-873-2963 Fax: 877-406-6392 |
| Salvador Cevallos, MD #10V006, Ages 4+ Quanita May, LMFT #155380, Ages 5+ | Santroch Psychiatry at Stillpoint Psychiatry 2089 S. Ridgewood Avenue, Suite B, South Daytona, FL 32119 | Ph: 386-957-3905 Fax: 386-492-1131 |
| Anita Sanz, PhD, #010131 Donald Sanz, PhD, #106727 | Sanz and Sanz Psychological Associates 1109 W. Euclid Avenue, Deland, FL 32720 | Ph: 386-943-9040 Fax: 386-943-9937 |
| Lauren Silver, LMHC, #145945 Ages 18+ | Silver Minds 1690 Dunlawton Ave., Ste.125, Port Orange, FL 32127 | Ph: 386-247-0040 Fax: 386-247-0041 |
| Nadine Heusner, LCSW, #079412 Ages 14+ | Stress & Anxiety Center of Holly Hill 1615 Ridgewood Ave., Ste. B, Holly Hill, FL 32117 | Ph: 386-999-0333 Fax: 386-999-0330 |

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BEHAVIORAL HEALTH – (13 of 18 pages)

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| SMA Behavioral Health Services, Inc. Adults only | SMA Behavioral Health Counseling and Medication Management 1220 Willis Avenue, Daytona Beach, FL 32114 105 West Calvin Street, Deland, FL 32720 702 S. Ridgewood Avenue, Daytona Beach, FL 32114 | All locations: Ph: 800-539-4228 Fax: 386-236-3161 |
| Silver Buonocore, LCSW #151561 Ages 12+ Kathleen Chapin, LCSW #115054 Ages 14+ Wanda Fuentes, LCSW # 150653 Ages 12+ | Solid Ground Counseling 317 N. Florida Ave., Deland, FL 32720 | Ph: 386-293-6426 Fax: 386-279-0248 |
| Edward Lee Somers, LMHC #10V167 Ages 5+ | 101 N. Woodland Boulevard, Suite 203, Deland, FL 32720 | Ph: 321-277-7714 Fax: 321-445-5223 |
| Sunita Tikku, MD #10N259 Ages 18+ | Southwest Volusia Medical Associates 1061 Medical Center Drive, Orange City, FL 32174 | Ph: 386-917-7610 Fax: 386-917-7615 |
| Judy Stamper, LMHC #010427 All ages | 555 W. Granada Boulevard, C-6, Ormond Beach, FL 32174 | Ph: 386-451-1953 Fax: 386-672-9776 |

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BEHAVIORAL HEALTH – (14 of 18 pages)

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| | | |
|---|--|---------------------------------------|
| Cynthia Streifer, LMFT #042753 Ages 13+ | 721 Ridgewood Avenue, #6, Holly Hill, FL 32117 | Ph: 386-265-3920 Fax: 386-243-3749 |
| Natalie Herrick, LMFT #145576 Ages 18-65 | Sunflower Counseling Associates 366 E. Graves Avenue, Suite D, Orange City, FL 32763 | Ph: 407-986-4589 Fax: 386-561-9974 |
| Michelle Jordan, LMHC #098262 Ages 8+ | Sunshyne Counseling 1109 West Euclid Avenue, Deland, FL 32720 | Ph: 386-943-9040 Fax: 386-943-9937 |
| Sandra Lynch-Bass, LMFT #062940 Ages 12+ | Therapeutic Empowerment, Inc. 1182 Pelican Bay Drive, Daytona Beach, FL 32119 | Ph: 386-547-2876 Fax: 833-968-2451 |
| Jessica Szymczyk, LMHC #102818 Ages 10+ | Truest Self Endeavors 324 E. Church St., Ste. 105, Deland, FL 32724 | Ph: 407-710-9002 Fax: 386-575-8072 |
| Josephine “Jodi” H. Underhill, LMHC #044953 Ages 3+ | 101 N. Woodland Boulevard, Suite 203, Deland, FL 32720 | Ph: 386-747-7148 Fax: 386-734-2475 |
| Katherine Usher, LMHC #042803 Ages 3+ | 1109 W. Euclid Avenue, Deland, FL 32720 | Ph: 386-943-9040 Fax: 386-943-9937 |

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BEHAVIORAL HEALTH – (15 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

| | | |
|---|--|---------------------------------------|
| Jacob Borg, PhD #059872 Sophia Mas, LMHC #059873 Dean Palamara, LCSW #080293 Denise Verones, PhD #059893 Ages 18+ | Verones & Company 328 North 2 nd Street, Flagler Beach, FL 32136 | Ph: 386-439-7905 Fax: 386-439-7910 |
| Edmundo Rivera, MD #104764 Ages 15+ | West Volusia Psychiatric 250 Treemonte Drive, Orange City, FL 32763 | Ph: 386-774-6001 Fax: 386-774-6044 |
| Alexa Barnett, PsyD #086784 Sharon Crane, LMHC #071524 Lisa Merilson, PsyD #011043 Julie Parker, PsyD #10F433 Michael Meth, PsyD #116737 Ginger Rennie, PsyD #150265 | Volusia Neuropsychology & Behavioral Health 512 Canal Street, New Smyrna Beach, FL 32169 | Ph: 386-423-0442 Fax: 386-423-0402 |

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BEHAVIORAL HEALTH – (16 of 18 pages)

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BEHAVIORAL HEALTH – CHILD & ADOLESCENT

PRIOR AUTHORIZATION IS REQUIRED TO SEE THE PROVIDERS BELOW. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|--|---|---------------------------------------|
| Fariya Afridi, MD #10N061 Steven Batton, DO #076733 Ages 0-18 | Halifax Behavioral Services 841 Jimmy Ann Drive, Daytona Beach, FL 32114 | Ph: 386-425-3900 Fax: 386-425-7810 |
| Deborah Reilly, LCSW #148688 Ages 5+ <i>(NON-Medicare clients only)</i> | Kindness And Clarity Counseling 4 Office Park Dr. Pod 3, Ste. O, Palm Coast, FL 32137 | Ph: 386-503-0522 Fax: 386-845-9293 |
| Sara Riley, LMHC #011510 Ages 1-25 new patients; 25+ established patients | 4865 NW Palm Coast Parkway, Unit 1, Palm Coast, FL 32137 | Ph: 386-986-2222 Fax: 386-986-2200 |

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BEHAVIORAL HEALTH – (17 of 18 pages)

BEHAVIORAL HEALTH – INPATIENT SERVICES

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

Prior authorization from FHCP Central Referrals is not needed for the initial 24-hour admission. The requesting provider should instruction he member to present to one of the facilities listed below for screening.

The admitting facility must notify FHCP's Case Management Department at 386-676-7187 within one business day of admission for authorization of continued inpatient care.

| | | |
|---|--|---------------------------------------|
| AdventHealth Deland | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 |
| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-254-4303 Fax: 386-254-4113 |
| SMA Behavioral Health Services, Inc. | 1150 Red John Drive, Daytona Beach, FL 32124 | Ph: 800-539-4228 Fax: 386-236-3161 |

BEHAVIORAL HEALTH – (18 of 18 pages)

PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 1 of 18.

BEHAVIORAL HEALTH – NEUROPSYCHOLOGICAL TESTING

PRIOR AUTHORIZATION IS REQUIRED TO SEE THE PROVIDERS BELOW. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Please note neuropsychological evaluation services do not require prior authorization.

BIRTH CENTERS

Prior authorization is not needed. Members may self-refer to this specialty and will be able to call to schedule appointments without an order from their physician.

These providers will provide complete outpatient obstetrical services to FHCP members, including vaginal deliveries at the birth center, for uncomplicated, low-risk pregnancies.

| | | |
|--|--|---------------------------------------|
| Heart2Heart Birth Center, LLC Ages 16+ | 1110 Lexington Green Lane, Sanford, FL 32771 | Ph: 407-322-9944 Fax: 407-878-5858 |
|--|--|---------------------------------------|

HOME BIRTH SERVICES

Prior authorization is not needed. Members may self-refer to this specialty and will be able to call to schedule appointments without an order from their physician.

| | | |
|---|---|---------------------------------------|
| Mama Mia Midwifery #123365 Ages 16 to 45 Does not accept Medicare. | 10268 Park Row Court, Orlando, FL 32832 <i>Services are rendered at the member's home.</i> | Ph: 425-772-6213 Fax: 321-319-9713 |
|---|---|---------------------------------------|

BONE DENSITY / DEXA STUDIES (1 of 2 pages)

Prior authorization from the FHCP Central Referral Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. *FHCP will cover this testing for our members once every twenty-four (24) months.*

| | | |
|---|---|--|
| Akumin #008160 (N) Patients screened for mobility | 1555 Saxon Blvd., Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| Florida Health Care Plans (N) Patients weighing 350 pounds and under | FHCP Center – Daytona Beach 350 N. Clyde Morris Blvd, Daytona Beach, FL 32114 | Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292 |
| Florida Health Care Plans (N) Patients weighing 350 pounds and under | FHCP Center – Edgewater 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-427-6350 |
| Port Orange Imaging Center #10P730 (N) <i>Will not schedule SNF patients.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Radiology Associates Imaging Deltona (N) #083163 | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-425-6000 Fax: 386-425-4657 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

CONTINUED

BONE DENSITY / DEXA STUDIES (2 of 2 pages)

Prior authorization from the FHCP Central Referral Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. *FHCP will cover this testing for our members once every twenty-four (24) months.*

| | | |
|---|--|---------------------------------------|
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| Radiology Associates Port Orange West #100543 (N) Mammogram and Bone Density / Dexa services only | 5440 S. Williamson Boulevard, Suite 102, Port Orange, FL 32128 | Ph: 386-274-6000 Fax: 386-274-5095 |
| SimonMed Imaging #042277 (N) | 1639 Noth Volusia Avenue, Orange City, FL 32763 | Ph: 386-774-7226 Fax: 386-774-7227 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

BONE GROWTH STIMULATORS

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|------------------------|---|---------------------------------------|
| EBI, LP #00SD26 | 100 Interpace Parkway, Parsippany, NJ 07054 | Ph: 800-526-2579 |
| OrthoFix, Inc. #00SD93 | 1720 Bray Central Drive, McKinney, TX 75069 | Ph: 800-535-4492 Fax: 800-445-1923 |

BONE SCANS

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|---|---------------------------------------|
| Cyrus Diagnostic Imaging, Inc. #109138 (N) Patients screened for mobility | 165 Waymont Court, Lake Mary, FL 32746 | Ph: 407-321-3012 Fax: 407-321-9006 |
| Akumin #008160 (N) Patients screened for mobility | 1555 Saxon Blvd., Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| AdventHealth Fish Memorial Imaging #00YG34 (H) | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 (H) | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |
| AdventHealth Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 Fax: 386-943-4461 |
| Port Orange Imaging Center #10P730 (N) Open MRI unit also available Will not schedule SNF patients | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Twin Lakes Imaging Center #10P735 (N) Will not schedule SNF patients | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

BRACES, ORTHOTICS, AND PROSTHETICS (1 of 3 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

See also **Diabetic Shoes** for diabetic member footwear needs.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|--|---|---|
| B & G Rehab, Inc. #067009 Spinal and cervical braces only | 533 N. Nova Road, Suite 109, Ormond Beach, FL 32174 | Ph: 386-310-4359 Fax: 386-310-4394 |
| Bionic Prosthetics & Orthotics Ormond Beach #132791 All ages | 1414 W. Granada Boulevard, Suite 3, Ormond Beach, FL 32174 | Ph: 386-258-0401 Fax: 386-252-1013 |
| Bremer Brace of Florida – Clyde Morris #102018 Margaret Street #102019 University Boulevard #005451 | 290 Clyde Morris Boulevard, Suite D1, Ormond Beach, FL 32174 423 Margaret Street, Jacksonville, FL 32204 4131 University Boulevard South, Building 16, Jacksonville, FL 32216 | Ph: 386-672-3191 Fax: 386-672-3851 Ph: 904-355-5451 Fax: 904-355-0004 Ph: 904-346-0086 Fax: 904-396-2754 |

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BRACES, ORTHOTICS, AND PROSTHETICS (2 of 3 pages)

PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 1 OF 3.

| | | |
|---|---|--|
| Cranial Technologies #143727 Ages 3 months to 18 months Pediatric cranial remolding and ear correction orthoses | 1300 Riverplace Boulevard, Suite 100, Jacksonville, FL 32207 2902 N. Orange Avenue, Suite C, Orlando, FL 32804 | Both locations: Ph: 844-326-0980 Fax: 844-595-5183 |
| Dynasplint Systems / Dynamic Splinting Systems | 770 Ritchie Highway, Suite W21, Severna Park, MD 21146 | Ph: 866-293-9406 Fax: 866-641-0006 |
| Hanger Prosthetics & Orthotics, Inc. #136048 | 1400 Mason Avenue, Suite 130, Daytona Beach, FL 32117 2730 Enterprise Road, Suite B, Orange City, FL 32763 | Ph: 386-274-4907 Fax: 386-274-1229 Ph: 386-774-5678 Fax: 386-774-4644 |
| Joint Active Systems, Inc. #111118 Custom orthotic devices (CPT L-codes) JAS dynamic range-of-motion devices EMPI advance range-of-motion devices | 2600 S. Raney Street, Effingham, IL 62401 | Ph: 800-879-0117 Fax: 217-347-3384 |
| Medcare Services of Orlando #10A395 Provides orthotic spinal services and devices to eligible FHCP member's residence or SNF. | 794 Big Tree Drive, Suite 104, Longwood, FL 32750 | Ph: 800-453-8551 Fax: 407-831-8834 |

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BRACES, ORTHOTICS, AND PROSTHETICS (3 of 3 pages)

PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 1 OF 3.

| | | |
|--|--|---------------------------------------|
| Orthotic & Prosthetic Center of Daytona | 851 Dunlawton Avenue, Suite 101, Port Orange, FL 32127 | Ph: 386-267-5389 Fax: 386-267-4891 |
| Thrive Orthotics & Prosthetics #129172 All Ages | 420 S. Nova Road, Suite 6, Ormond Beach, FL 32174 | Ph: 386-281-3202 Fax: 386-281-3479 |
| Unity Prosthetics & Orthotics, Inc. All ages | 1320 Mason Avenue, Daytona Beach, FL 32117 | Ph: 386-868-5439 Fax: 386-232-9966 |

BREAST MRI

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

CARDIAC CATHETERIZATION

REQUIRES PRIOR AUTHORIZATION. The cardiologist should schedule the procedure with the hospital, make arrangements for pre-op as needed, and notify the member. The cardiologist should then complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval. After review, **the cardiologist will be notified *only if the procedure is not approved*.**

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
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| Halifax Health #00Y007 Outpatient cardiac catheterization laboratory | 303 N. Clyde Morris Blvd., Daytona Beach, FL 32114 | Ph: 386-254-4338 Fax: 386-258-4803 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32724 | Ph: 386-943-4710 Fax: 386-943-4759 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Blvd., Orange City, FL 32763 | Ph: 386-917-5796 Fax: 386-917-5512 |
| AdventHealth Daytona Beach #00Y004 Outpatient cardiac catheterization laboratory | 301 Memorial Medical Pkwy., Daytona Beach, FL 32117 | Ph: 386-676-6105 Fax: 386-676-6498 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5091 Fax: 386-424-6364 |
| HCA Florida Lake Monroe Hospital #00Y009 | 1401 West Seminole Blvd., Sanford, FL 32771 | Ph: 407-321-4500 |

CARDIAC MONITORING

Prior authorization from FHCP Central Referrals is not needed. The requesting provider can directly call the company below. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

iRhythm Technologies, Inc. provides a long-term, continuous, ambulatory cardiac monitoring device (Zio Patch) to the FHCP member to record and store electrocardiogram (ECG) data. The medical device shall be affixed to the FHCP member at the participating provider’s office, and the member can wear the device up to fourteen days, as medically necessary. Interpretation and reporting of the ECG data captured by the supplier’s medical device will be the responsibility of the ordering participating provider.

| | | |
|------------------------------------|---|---------------------------------------|
| iRhythm Technologies, Inc. #050404 | 650 Townsend Street, Suite 380, San Francisco, CA 94103 | Ph: 888-693-2401 Fax: 888-693-2402 |
|------------------------------------|---|---------------------------------------|

CARDIOVERTER DEFIBRILLATOR SERVICES (LIFE VESTS)

See “Wearable Defibrillator Devices” under *DURABLE MEDICAL EQUIPMENT (DME)*

CARDIAC REHABILITATION

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. **Please indicate what phase of the program is being requested.** Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|--|---------------------------------------|
| Halifax Health #00Y007 | 201 N. Clyde Morris Blvd., 3rd. Floor, Daytona Beach, FL 32114 | Ph: 386-425-4338 Fax: 386-258-4803 |
| HCA Florida Lake Monroe Hospital #00Y009 | 1401 West Volusia Seminole Blvd., Sanford, FL 32771 | Ph: 407-321-4500 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5091 Fax: 386-424-5079 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, DeLand, FL 32724 | Ph: 386-943-4716 Fax: 386-943-4776 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Blvd., Orange City, FL 32763 | Ph: 386-851-5125 Fax: 386-917-5167 |
| AdventHealth Daytona Beach #00Y004 | 301 Memorial Medical Pkwy., Daytona Beach, FL 32117 | Ph: 386-231-3690 Fax: 386-231-3691 |

CARDIOLOGY (1 of 5 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please include a recent EKG and labs with the order. If the member is complaining of shortness of breath or cough, please send the member for a Chest X-Ray prior to the member's scheduled appointment with the Cardiologist Office.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Information on Zoll Life Vests can be found under Zoll Life Vest.

Guidelines for TAVR evaluations can be found under TAVR.

| | | |
|---|--|--|
| Stephen Minor, M.D. #10P180 Ryan A. Smith, D.O. #068788 Niloufar T. Wilson, M.D. #087871 Ages 18+ <i>Records required prior to scheduling. Please fax to 386-481-5009.</i> | FHCP Daytona Beach 350 N. Clyde Morris Boulevard, 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 |
| Ashraf Elsagr, MD #002870 Ages 18+ <i>EPN Triple Option members only</i> | Advanced Cardiology 840 Dunlawton Avenue, Suite A, Port Orange, FL 32127 | Ph: 386-304-9672 Fax: 386-304-9673 |
| Jacob K. Agamasu, MD #138215 Ages 18+ | 756 Elkcarn Boulevard, Suite A, Deltona, FL 32725 | Ph: 407-804-9616 Fax: 407-804-8331 |
| Ahmad Shamsin, MD #129700 Ages 18+ <i>EPN Triple Option members only</i> | Atlantic Cardiology & Medical Specialists 731 Dunlawton Avenue, Suites 101 & 102, Port Orange, FL 32127 290 Clyde Morris Boulevard, Unit C2, Ormond Beach, FL 32174 | Both locations: Ph: 386-767-9585 Fax: 386-767-9769 |
| Eric Lup-Sing Lo, MD #076780 Huijian Wang, MD #10H333 Ajit Janardhan, MD #055314 18+ Practice offers cardiac electrophysiology. | Complete Cardiology Care 1240 W. Granada Boulevard, 2 nd Floor, Ormond Beach, FL 32174 | Ph: 386-672-1023 Fax: 386-263-2996 |

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CARDIOLOGY (2 of 5 pages)

SEE PAGE 1 OF 5 FOR INSTRUCTIONS.

| | | |
|---|---|---------------------------------------|
| Ratan Ahuja, MD #000397 Anita Ravi, MD #150038 Harvinder Arora, MD #147195 Ages 18+ | Central Florida Cardiovascular Consultants, PL 915 Harley Strickland Blvd., Orange City, FL 32763 | Ph: 386-456-0300 Fax: 386-456-0303 |
| Rajendra Hippalgoankar, MD #004674 Mayank Yadav, MD #120661 Ages 18+ Records required prior to scheduling. | Central Florida Heart Associates, PA 932 Saxon Boulevard, Suite A, Orange City, FL 32763 | Ph: 386-774-2100 Fax: 386-774-0326 |

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CARDIOLOGY (3 of 5 pages)

SEE PAGE 1 OF 5 FOR INSTRUCTIONS.

| | | |
|--|---|--|
| <p>Abdelrahman Aljadi, MD #150130 Beth Bartholomew, MD #011244 Joshua Horenstein, MD #10L042 Rafael Pena, MD #078934 Vincent Petersen, DO #058364 Glenn Rayos, MD #002655 Surya Rao, MD #10E082 Janak Bhavsar, MD #10X469 Chad Broome-Webster, MD #005530 Marielle Lazard, MD #10A228 Oscar D. West, MD #002073 Roy Venzon, MD #048999 Hansey Seide, MD #010393 Ages 18+ Vance Wilson, MD #005336 Ages 25+ Umang Shah, MD #080396 Ages 18+</p> | <p>Daytona Heart Group 695 N. Clyde Morris Blvd., Daytona Beach, FL 32114 780 Dunlawton Ave, Unit 101, Port Orange, FL 32127 1404 S. Ridgewood Avenue, Edgewater, FL 32132 630 W. Plymouth Avenue, Deland, FL 32720 938 Saxon Blvd., Suite 101-C, Orange City, FL 32763 3400 Halifax Crossing Boulevard, Suite 220, Deltona, FL 32725</p> | <p>Ph: 386-258-8722 Fax: 386-258-8659 Ph: 386-265-5926 Fax: 386-265-5928 Ph: 386-265-5926 Fax: 386-265-5928 Ph: 386-734-3654 Fax: 386-943-8087 Ph: 386-774-5485 Fax: 386-775-0761 Ph: 386-774-5485 Fax: 386-775-0761</p> |
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CARDIOLOGY (4 of 5 pages)

SEE PAGE 1 OF 5 FOR INSTRUCTIONS.

| | | |
|--|---|---------------------------------------|
| Haroon L. Chughtai, MD #108323 Hafiz G. Hussain, MD #108323 Ages 18+ | Heart and Lung Institute of Central Florida 2728 Enterprise Road, Suite 100, Orange City, FL 32763 | Ph: 386-457-6550 Fax: 386-457-6551 |
| Taher Khalil, MD #005527 Ages 18+ <i>EPN Triple Option members only</i> | 1425 Hand Avenue, Suite K, Ormond Beach, FL 32174 | Ph: 386-673-5404 Fax: 386-673-5480 |
| Wing Yi Liu, MD #038604 Ages 18+ Records required prior to scheduling. Doppler imaging and venous scans available. | Wing Cardiology and Health 161 N. Causeway, Suite C. New Smyrna Beach, FL 32169 | Ph: 386-424-8440 Fax: 386-426-8839 |
| Dinesh Arab, MD #011602 Rene Celis, MD #055916 David Henderson, MD #000901 Marvin Lu, MD #132914 Keniel Pierre, MD #150835 Garly Saint Croix, MD #135019 Barton Sickinger, DO #054636 Nathaniel Valin, MD #062843 Ages 18+ | Cardiology Physicians Memorial 103 Memorial Medical Pkwy, Suite 200, Daytona Beach, FL 32117 HECN, AND BETHUNE-COOKMAN UNIV, EPN TRIPLE OPTION MEMBERS and EMPLOYEES & DEPENDENTS OF THE CARDIOLOGY PHYSICIANS PRACTICE | Ph: 386-615-1521 Fax: 386-671-0694 |

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CARDIOLOGY (5 of 5 pages)

SEE PAGE 1 OF 5 FOR INSTRUCTIONS.

| | | |
|---|---|---------------------------------------|
| Humayun Jamidar, MD #000027 Otakar Quadrat, MD #102108 Ages 18+ | Cardiology Physicians Memorial 311 N. Clyde Morris Blvd., Suite 320, Daytona Beach, FL 32114 HECN, AND BETHUNE-COOKMAN UNIV, EPN TRIPLE OPTION MEMBERS and EMPLOYEES & DEPENDENTS OF THE CARDIOLOGY PHYSICIANS PRACTICE | Ph: 386-255-5331 Fax: 386-254-8945 |
| Mulugeta Fissha, MD #065081 Ages 18+ <i>EPN Triple Option members only</i> | Adventist Health System/Sunbelt, Inc. 1061 Medical Center Drive, Suite 203, Orange City, FL 32763 | Ph: 407-833-8028 Fax: 407-833-8033 |
| William David, MD #004246 Carlos Grullon, MD #004493 Wilberto Lopez, MD #138974 Ages 18+ <i>EPN Triple Option members only</i> | Adventist Health System/Sunbelt, Inc. 1565 Saxon Boulevard, Suite 201, Deltona, FL 32725 | Ph: 386-532-1232 Fax: 386-532-3090 |

CARDIOLOGY – NUCLEAR (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please send recent EKG and labs.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|---|--|
| Stephen Minor, MD #10P180 Ryan A. Smith, DO #068788 Niloufar T. Wilson, MD #087871 Ages 18+ Records required prior to scheduling. Fax to 386-481-5009 | FHCP Cardiology Daytona Beach 350 N. Clyde Morris Blvd., Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 Health Information Management fax: 386-481-5009 |
| Robert Bianco, MD #005086 Ages 18+ Ordering provider must complete and review patient EKG before referring. Fax to 386-481-5009 | FHCP Cardiology Palm Coast 145 City Place, Palm Coast, FL 32164 | Ph: 386-302-0975 Fax: 386-302-0976 |
| Ashraf Elsagr, MD #002870 Ages 18+ <i>EPN Triple Option members only</i> | Advanced Cardiology 840 Dunlawton Avenue, Suite A, Port Orange, FL 32127 | Ph: 386-304-9672 Fax: 386-304-9673 |
| Ratan Ahuja, MD #000397 Harvinder Aroa, MD #147195 Anita Ravi, MD #150038 Ages 18+ | Central Florida Cardiovascular Consultants, PL 915 Harley Strickland Blvd., Orange City, FL 32763 | Ph: 386-456-0300 Fax: 386-456-0303 |
| Rajendra Hippalgaonkar, MD #004674 Mayank Yadav, MD #120661 Ages 18+ Records required prior to scheduling. | Central Florida Heart Associates, PA 932 Saxon Boulevard, Suite A, Orange City, FL 32763 | Ph: 386-774-2100 Fax: 386-774-0326 |

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CARDIOLOGY - NUCLEAR (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please send recent EKG and labs.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| Janak Bhavsar, MD #10X469 Chad Broome-Webster, MD #005530 Marielle Lazard, MD #10A228 Oscar D. West, MD #002073 Roy Venzon, MD #048999 Ages 18+ | Daytona Heart Group 630 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-734-3654 Fax: 386-943-8087 |
| Wing Yi Liu, MD #038604 Ages 18+ Records required prior to scheduling. | Wing Cardiology and Health, LLC 161 N. Causeway, Suite C. New Smyrna Beach, FL 32169 | Ph: 386-424-8440 Fax: 386-426-8839 |
| Dinesh Arab, MD #011602 Rene Celis, MD #055916 David Henderson, MD #000901 Marvin Lu, MD #132914 Garly Saint Croix, MD #135019 Barton Sickinger, DO #054636 Nathaniel Valin, MD #062843 Ages 18+ | Cardiology Physicians Memorial 305 Memorial Medical Pkwy, Suite 301, Daytona Beach, FL 32117 HECN, AND BETHUNE-COOKMAN UNIVERSITY | Ph: 386-615-1521 Fax: 386-621-3787 |

CASE MANAGEMENT – COORDINATION OF CARE (1 of 3 pages)

Case Management Coordination of Care is designed to address the needs of high-risk members. The case-management process utilizes evidence-based clinical guidelines to conduct comprehensive assessment of the member's condition; evaluates available benefits and resources; and develops and implements a case-management plan with performance goals, monitoring, and follow up. The overall goal is to empower members in self-management skills, regain optimum health, or improve functional capability through appropriate services and interventions. Case management is voluntary program, and all eligible members have the right to decline participation.

Criteria for enrollment includes, but is not limited to, members with new diagnoses, acute or uncontrolled chronic diseases, critical events that require extensive use of resources, significant barriers of social determinants of health that limit access to care, or members identified from proactive data screening who may require any of the following:

- Assistance navigating the health care system
- Assistance with barriers related to social determinants of health
- Education on health condition(s) and health coaching
- Education supporting their practitioner's plan of care
- Coordination of appropriate resources, programs, or benefits
- Coordination of measures to improve quality of life and disease-specific outcomes.

There are several case-management services to which the member may be stratified:

- **Chronic Complex Care** – Assists members with complex health conditions to reduce disease progression and gain empowerment through self-management of lifestyle practices that aim to improve quality of life. Members benefit from advocacy, education, and navigation to access appropriate care and/or link to resources, benefits, or programs. The program includes transplant case management.
- **Short-term Program** – Assists members with new-onset health diagnoses, hospital-to-home transitional care, or links members who have high use of the emergency room or multiple hospitalizations to FHCP resources. Members benefit from frequent contact for monitoring and education to better understand signs and symptoms for early intervention. Members gain empowerment with self-management skills to reduce complications and improve their quality of life.

CONTINUED NEXT PAGE

CASE MANAGEMENT – COORDINATION OF CARE (2 of 3 pages)

SEE PAGE 1 OF 3 FOR INSTRUCTIONS.

- **In-home Mid-level Providers** – Service available in Brevard, Volusia, Flagler, and Seminole Counties. An RN Case Manager coordinates member's care with mid-level providers to assist homebound members or those with limited support to supplement primary care services in the home, or facility transitional care for high-risk members discharged from the hospital or skilled nursing facility (SNF) to home. In-home mid-level providers promote compliance with follow-up care and medication management to reduce complications and enhance the member's quality of life.
- **Community Resource Program** – FHCP Community Resource Coordinators (CRCs) partner with members and providers and/or referral sources to address barriers to social determinants of health that impact access to healthcare through utilization of agencies and community partners. Community Resource Coordinators complete individualized needs assessments to link members with appropriate existing resources offered through agencies or within their community. *CRCs do not address urgent placement or home safety evaluations.* Physicians must continue to refer members with urgent needs to their home health care skilled nurse and medical social worker or the Department of Children and Families (DCF). Skilled nursing facility (SNF) placement should be directed to the FHCP Utilization Management Department at 386-676-7187.

Members may be referred by:

- Practitioner
- Member or caregiver
- Discharge planner
- Medical management programs
- Proactive data claims review

You may refer a member to the Case Management – Coordination of Care or Community Resources Services by:

- Phone: 855-205-7293 or 386-238-3284, Monday-Friday from 8:00am to 5:00pm.
- The [“Coordination of Care Referral Form”](#) found at [Referrals, Prior Authorizations, and Orders](#).
- Fax a referral to 386-238-3271
- Email a referral to cmanagement@fhcp.com
- Internally, enter the referral through an EHR task.

CONTINUED NEXT PAGE

CASE MANAGEMENT – COORDINATION OF CARE (3 of 3 pages)

SEE PAGE 1 OF 3 FOR INSTRUCTIONS.

The FHCP New Member Transition of Care Program – The goal of the Transition of Care team is to assist new members transitioning into our network of providers, pharmacies, and covered medications. Members benefit from clinical review of their health history and medications to coordinate care with available resources, benefits, and participating providers or services to make the transition as seamless as possible. Our FHCP RN Navigator assists existing members who are experiencing a change in benefits, providers, or services, or are moving into another county served by FHCP, or change of employers who offer FHCP insurance.

These members may be referred by:

- Practitioners
- Member or caregiver
- FHCP Member Services
- Marketing agents
- Employer groups

You may refer a member to the New Member Transition of Care Program by:

- Phone: 855-205-7293 or 386-386-615-5017, Monday-Friday from 8:00am to 5:00pm.
- The “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#).
- Fax a referral to 386-238-3271
- Email a referral to TOC@fhcp.com
- FHCP staff providers may internally enter the referral through an EHR task.

CHIROPRACTIC

To find a complete list of available direct access providers and the networks the providers participate in please visit fhcp.com.

COLOGUARD TESTING

The provider must complete the [Cologuard Requisition Form](#) (found on page 3 of the link). Fax the completed form to the number noted on the bottom of the form. “Patient Insurance/Billing Information” must be completed for FHCP to pay for the test. To ensure coverage, please attach a copy of the patient’s FHCP insurance card to the requisition when faxing.

- Cologuard is for individuals 45 years of age or older and at average risk.
- Cologuard looks for blood and DNA associated with colon cancer and precancerous growth found in a person’s stool sample.

Once a provider submits the Cologuard Requisition Form, the request is processed and a Cologuard box is delivered to the patient’s home via UPS. Patients collect a sample and return using the prepaid return shipping label included with the box, sending the specimen to Exact Sciences Laboratories in Madison, WI for processing. Test results will be sent directly to the ordering provider in a few weeks.

Please fax a copy of the test result to FHCP Health Information Management at 386-481-5009.

Exact Sciences Laboratories also conducts follow-up calls to encourage higher patient compliance. You can learn more about Cologuard at <https://www.cologuardhcp.com>.

NOTE: *Cologuard is not a replacement for diagnostic or surveillance colonoscopy in high-risk individuals.*

COLONOSCOPY – DIAGNOSTIC – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed, as long as the procedure is performed at participating Ambulatory Surgery Center or in the provider's office-based lab. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Please note Pediatric Gastroenterology procedures and Repeat Colonoscopy/EGD within one year of a previous study do require prior authorization.

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| Rulz Cantave, MD #149778 Ammar Hemaïdan, MD #000104 Zachary Neubert, DO #126251 Eyad Swaity, MD #156114 | Advanced Endoscopy Center & Advanced Medical Center 1690 Dunlawton Avenue, Suite 210, Port Orange, FL 32127 1890 LPGA Boulevard, Suite 270, Daytona Beach, FL 32117 | Ph: 386-763-4920 Fax: 386-763-4939 |
| Tomas Rodriguez Molinet, MD #152095 | Advent Health Gastroenterology at Deland 1070 North Stone Street Suite D, Deland, FL 32720 | Ph: 386-943-3270 Fax: 386-822-9112 |

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COLONOSCOPY-DIAGNOSTIC (2 of 3 pages)

SEE PAGE 1 OF 3 FOR INSTRUCTIONS.

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|---|--|--|
| Louis Agnone, MD #004456 Vrushak Deshpande, MD # 081880 Raxitkumar Jinjuvadia, MD # 098310 Andrea Pagan, MD #153704 Ketul Patel, MD #10X175 Mihir Patel, MD #137176 Hardik Shah, MD #150470 <i>EPN Triple Option members only</i> | Borland-Groover 3635 South Clyde Morris Boulevard, Suite 100, Port Orange, FL 32129 305 Clyde Morris Boulevard Suite 270 Ormond Beach, FL 32174 | Centralized Phone & Fax Ph: 386-788-1242 Fax: 386-756-8802 |
| Anis Ahmadi, MD #051555 William Barlow, MD #047675 Timothy Cavacini, DO #108542 Rafael Cortes, MD #055586 William Foody, Jr., MD #061115 Daniel Gassert, MD #10T871 Willemijntje Hoogerwerf, MD #10AL43 Camille McGaw, MD #051554 Lindsey Merritt, DO #092748 Jesus Salas Noain, MD #152329 Benoit Pineau, MD #131068 Stuart Soroka, MD #116113 Steven Villanueva, MD #061064 Rachael Weigle, DO #152330 | Borland-Groover 150 Longleaf Pine Pkwy., Suite 200, St. Johns, FL 32559 40 Groover Loop, Suite 200, St. Augustine, FL 32086 | Ph: 904-398-7205 Fax: 904-396-4047 Ph: 904-824-6108 Fax: 904-823-9613 Central Fax # for Referrals: 904-265-6479 |

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COLONOSCOPY - DIAGNOSTIC – (3 of 3 pages)

SEE PAGE 1 OF 2 FOR INSTRUCTIONS.

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| Arun K. Dhand, MD # 101500 <i>EPN Triple Option members only</i> | Arun K. Dhand, M.D. P.L 1893 N. Clyde Morris Boulevard, Suite 120 Daytona Beach, FL 32117 | Ph: 386-675-6778 Fax: 386-675-6782 |
| Ahmed Elbanna, DO #134905 Alakh Gulati, MD #134907 Vishal Gupta, MD #143207 Wei Lu, MD #134908 Karl Mersich, MD #069804 Dany Shamoun, MD #082316 Jennifer Sinclair, MD # 088162 | Gastroenterology of Greater Orlando, LLC 2884 Wellness Avenue Suite 100, Orange City, FL 32763 929 North Spring Garden Avenue Suite 150, Deland, FL 32720 | Ph: 386-668-2221 Fax: 386-668-2228 Ph: 386-339-2692 Fax: 386-668-2228 |
| Antonio J. DeCarli, MD #10D185 | Gastro Health, LLC 1744 State Road 44 New Smyrna Beach, FL 32168 | Ph: 386-427-0390 Fax: 386-427-0394 |
| Bryan H. Heath, MD #004974 | Bryan H. Heath M.D. P.A. 308 Palmetto Street New Smyrna Beach, FL 32168 | Ph: 386-957-3891 Fax: 386-957-3887 |
| Mark A. Nagrani, MD #004740 | Mark A. Nagrani, MD P.A. 612 Palmetto Street New Smyrna Beach, FL 32168 | Ph: 386-423-5500 Fax: 386-409-9762 |

COLONOSCOPY – CT (VIRTUAL COLONOSCOPY)

REQUIRES PRIOR AUTHORIZATION. Please complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

CONTRACEPTION

A list of FHCP covered oral contraceptives and contraception appliances can be found on the FHCP website at [FHCP Medication Formularies](#). Contraception benefits can be verified with the FHCP Provider Benefit & Eligibility Department at **844-615-4024** or **386-615-4024**.

CT SCANS – (1 of 4 pages)

Prior authorization from FHCP Central Referrals is not needed, with the exceptions noted below. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- GENETIC TESTING
- HIDA (CHOLESCINTIGRAPHY) SCANS
- PET SCANS – *SEE NEXT PAGE FOR SPECIAL INSTRUCTIONS.*

FOR EXCEPTIONS NOTED ABOVE – PET scan instructions on next page: Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

CT SCANS – (2 of 4 pages)

SEE PAGE 1 OF 4 FOR INSTRUCTIONS.

PRIOR AUTHORIZATION IS REQUIRED FOR PET SCANS: Please complete the “[PET – PET CT Prior Authorization Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Twin Lakes Imaging Center #10P735 (N) <i>Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |
| AdventHealth New Smyrna Beach #00Y010 (H) | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |
| Port Orange Imaging Center #10P730 (N) <i>PET, CT, and Open MRI Unit available.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

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CT SCANS (3 of 4 pages)

SEE PAGE 1 OF 4 FOR INSTRUCTIONS.

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| Advent Health Imaging Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-917-5576 |
| Advent Health Fish Memorial Hospital Imaging #00YG34 (H) | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| Akumin #008160 (N) <i>Patients screened for mobility</i> | 1555 Saxon Boulevard, Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| Cyrus Diagnostic Imaging, Inc. #109138 (N) <i>Patients screened for mobility.</i> | 165 Waymont Court, Lake Mary, FL 32746 | Ph: 407-321-3012 Fax: 407-321-9006 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

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CT SCANS (4 of 4 pages)

SEE PAGE 1 OF 4 FOR INSTRUCTIONS.

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| Radiology Associates Imaging Deltona #083163 (N) | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-259-5959 Fax: 386-259-5999 |
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| Halifax Health Medical Center Daytona #00Y007 (H) | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-3040 Fax: 386-425-7526 |
| Halifax Health Port Orange #00Y007 (H) | 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-4700 Fax: 386-425-4386 |
| Halifax Health Deltona Imaging #00Y007 (H) | 3300 Halifax Crossing Boulevard, Deltona, FL 32725 | Ph: 386-425-6100 Fax: 386-425-6101 |
| SimonMed Imaging #042277 (N) | 1639 North Volusia Avenue, Orange City, FL 32763 | Ph: 386-774-7226 Fax: 386-774-7227 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

DENTAL SERVICES (1 of 3 pages)

MEDICAL SERVICES

REQUIRES PRIOR AUTHORIZATION. Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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|--------------------------------|---|---------------------------------------|
| Nicholas Tanturri, DDS #037411 | Rooted Dental, P.A. 350 N. Clyde Morris Blvd., Ste. O, Daytona Beach, FL 32114 | Ph: 386-238-3280 Fax: 386-232-5126 |
|--------------------------------|---|---------------------------------------|

DENTAL SERVICES – ORAL SLEEP APNEA APPLIANCES - (2 of 3 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
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| John Kulaga, DDS #10AL53 | White Wolf Dental 1221 Dunlawton Av Suite 100 Port Orange, FL 32127 | Ph: 386-882-9900 Fx: 386-304-6401 |
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DENTAL SERVICES – TMJ SERVICES - (3 of 3 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders tab*. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as marked to FHCP Dental Department as soon as possible, as it may take up to 14 calendar days for determination/authorizations.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing requests.

DERMATOLOGY

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

PLEASE BE ADVISED THE FOLLOWING SERVICES: MOHS, LEVULAN BLUE AND SUPERFICIAL RADIOTHERAPY REQUIRE PRIOR AUTHORIZATION FOR ALL LINES OF BUSINESS AND ALL PROVIDERS.

DIABETIC SHOES (1 of 3 pages)

SPECIAL INSTRUCTIONS: The need for diabetic shoes must be certified by a provider who is an MD or DO and is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care. The managing physician must:

- Document in the patient's medical record that the patient has diabetes.
- Certify that the patient is being treated under a comprehensive plan of care for diabetes and needs diabetic shoes.
- Document in the patient's medical record that the patient has one or more of the following conditions:
 - Peripheral neuropathy with evidence of callus formation
 - History of pre-ulcerative calluses
 - History of previous ulceration
 - Foot deformity
 - Previous amputation of the foot or part of the foot
 - Poor circulation

Coverage of the footwear and inserts is limited to one of the following within one (1) calendar year:

- No more than one pair of custom-molded shoes (including inserts provided with shoes) and two additional pairs of inserts, *or*
- No more than one pair of depth shoes and three pairs of inserts (not including non-customized removable inserts provided with shoes).

TO REQUEST THIS SERVICE: Medical doctor (MD) or doctor of osteopathy (DO) places order on a **prescription pad**, including applicable covered criteria listed above. The patient should be directed to take the **prescription** to their provider of choice.

Discounts will be offered to patients who do not meet the above criteria.

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DIABETIC SHOES (2 of 3 pages)

PLEASE SEE SPECIAL INSTRUCTIONS ON PREVIOUS PAGE.

DIABETIC SHOE PROVIDERS

| | | |
|--|---|--|
| Ankle and Foot Sports Medicine Institute All ages | 843 N. Woodland Boulevard, Suite 2, Deland, FL 32720 | Ph: 386-279-0540 Fax: 386-279-0571 |
| Atlantic Foot & Ankle Associates - Upperline Health Ages 18+ | 790 Dunlawton Avenue, Suite C, Port Orange, FL 32127 1890 LPGA Boulevard, Suite 230, Daytona Beach, FL 32117 975 Town Center Drive, Suite 200, Orange City, FL 32763 595 W. Granada Boulevard, Suite F, Ormond Beach, FL 32174 508 Palmetto Street, New Smyrna Beach, FL 32168 1890 LPGA Boulevard, Suite 250, Daytona Beach, FL 32117 | Ph: 386-788-6333 Fax: 386-788-3996 Ph: 386-274-3336 Fax: 386-274-3660 Ph: 386-775-2281 Fax: 386-775-2482 Ph: 386-673-2266 Fax: 386-676-2772 Ph: 386-270-0659 Fax: 386-775-2482 Ph: 386-339-4065 Fax: 855-439-9682 |

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DIABETIC SHOES (3 of 3 pages)

PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 1 OF 3.

DIABETIC SHOE PROVIDERS

| | | |
|---|---|--|
| Dale's Shoes and Pedorthics #008743 All ages Custom-molded shoes available | 453 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-252-2138 Fax: 386-252-0928 |
| From the Sole, Inc. Custom-molded shoes available | 1520 Ridgewood Ave., Holly Hill, FL 32117 | Ph: 386-672-9394 Fax: 386-672-4310 |
| Hanger Prosthetics and Orthotics, Inc. Custom-molded shoes available | 1400 Mason Avenue, Suite 130, Daytona Beach, FL 32117 2730 Enterprise Road, Suite B, Orange City, FL 32763 | Ph: 386-274-4907 Fax: 386-274-1229 Ph: 386-774-5678 Fax: 386-774-4644 |
| National Diabetes Care Ages 15+ | 1431 Orange Camp Road, Suite 110, Deland, FL 32724 | Ph: 386-873-2911 Fax: 386-200-6311 |

DIABETES EDUCATION

Prior authorization from the FHCP Central Referrals Department is not needed. Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Nutrition & Health Education Department at **386-238-3228**. Patients may also self-refer, but a provider referral is encouraged.

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| Deborah Kelleher, MS, RDN, LDN Kathleen MacNeill, MSN, RN, BC-ADM, CDCES Tiffany McClure, RDN, LDN Catherine Robinson, MS, RDN, LDN, CDCES Adults only | FHCP Nutrition & Health Education Department 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114 Class locations include: Daytona Beach, Titusville, Lake Mary, St. Augustine, and other FHCP Centers in Flagler, Seminole, Brevard, and Volusia Counties as needed. Classes may also be held on an individual basis, depending on need. | Ph: 386-676-7133 Fax: 386-238-3228 |
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Services provided include, but are not limited to:

- **Diabetes Prevention Program**
- **Diabetes Self-Management Education and Support (DSMES)**
- **Diabetes Education: Long-Term Strategies**
- **Gestational Diabetes Education**
- **Carbohydrate Counting**
- **Insulin Start**
- **CSII Pump Management and Continuous Glucose Management Systems (CGMS)**
- **Medical Nutrition Therapy**
- **Hyperlipidemia**
- **Chronic Kidney Disease**
- **Hypertension**
- **Nutritional Game Plan – Refresher courses**

See DISEASE MANAGEMENT PROGRAMS for more information.

DIALYSIS SERVICES (1 of 2 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. The nephrologist's office should call the dialysis center directly to schedule the appointment. An FHCP referral form is not needed.

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| DaVita Daytona Beach Dialysis | 578 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-258-7322 Fax: 386-258-0191 |
| DaVita Diamond Speedway Dialysis | 1115 N. Nova Road, Daytona Beach, FL 32117 | Ph: 386-239-6877 Fax: 386-239-5955 |
| Fresenius Kidney Care | 3881 S. Nova Road, Port Orange, FL 32127 720 North Clyde Morris Blvd., Daytona Beach, FL 32114 515 Palm Coast Pkwy. SW, Suite 2, Palm Coast, FL 32137 | Ph: 386-291-3830 Fax: 386-213-6844 Ph: 386-947-9872 Fax: 386-947-9873 Ph: 386-447-4477 Fax: 386-447-4476 |
| U.S. Renal Care, Inc. | 821 State Road 44, New Smyrna Beach FL 32168 | Ph: 386-409-8855 Fax: 386-409-8755 |
| DaVita Port Orange Dialysis | 3997 S. Nova Road., Port Orange, FL 32127 | Ph: 386-761-7961 Fax: 386-763-2150 |

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DIALYSIS SERVICES – (2 of 2 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. The nephrologist's office should call the dialysis center directly to schedule the appointment. An FHCP referral form is not needed.

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| Total Renal Deland Dialysis | 3000 DaVita Way, Deland, FL 32724 | Ph: 386-626-5700 Fax: 386-626-5638 |
| DaVita Deland Dialysis | 350 E. New York Avenue., Deland, FL 32720 1697 N. Woodland Blvd., Ste. 103, Deland, FL 32720 | Ph: 386-738-2570 Fax: 386-738-9576 Ph: 386-259-2808 Fax: 386-742-9085 |
| DaVita Daytona South Dialysis | 955 Foster Way, Suite 306, South Daytona, FL 32119 | Ph: 386-322-3625 Fax: 386-322-3695 |
| DaVita Deltona Dialysis | 1200 Deltona Boulevard, Suite 26, Deltona, FL 32725 | Ph: 386-574-0225 Fax: 386-574-6460 |
| DaVita Orange City Dialysis | 2575 S. Volusia Avenue, Suite 400, Orange City, FL 32763 | Ph: 386-774-0101 Fax: 386-774-0249 |
| DaVita Ormond Beach Dialysis | 420 S. Nova Road, Suite 7, Ormond Beach, FL 32174 | Ph: 386-676-2405 Fax: 386-676-6738 |

DISEASE MANAGEMENT PROGRAMS (1 of 3 pages)

HEALTH, WELLNESS, AND DISEASE MANAGEMENT PROGRAMS - Prior authorization from the FHCP Central Referrals Department is not needed.

FHCP offers members a wide variety of health, wellness, and disease management programs and services at little or no cost. Participation in the programs is unlimited: members may join as many programs as desired. For more information, please visit www.fhcp.com, or call the number listed under each program below. We are available Monday through Friday, 8am to 5pm. Hearing impaired may call TRS Relay 711.

Acute Low Back and Neck Pain

This physical therapy program helps members manage acute or chronic low back or neck pain. Members 17 and up can contact Ability Health Services (all locations) directly. Co-pay/co-insurance and policy limits apply. For more information, or to obtain a list of locations, call FHCP Member Services at **386-615-4022** or **877-615-4022**.

Case Management – Coordination of Care – *See the CASE MANAGEMENT page in this document for more information.*

No cost to FHCP members. This is a free program offered to members who may benefit coordination of their medical, financial, and/or psychosocial needs. Our Case Managers work with members and their physicians to provide education and resources need for members to better understand and comply with their care plans. Programs other than those listed here are available to meet the member's health care needs, including remote patient monitoring, in-home medical management, and community resources coordination. An FHCP Case Manager will help determine which programs are right for our member by calling **386-238-3284** or **877-229-4518**.

CONTINUED NEXT PAGE

DISEASE MANAGEMENT PROGRAMS (2 of 3 pages)

Diabetes Prevention Program

No cost to FHCP members. Prediabetes education focuses on behavior change steps to reduce your risk of developing type 2 diabetes. Lifestyle changes that include healthier eating habits and increased physical activity are discussed along with strategies for implementation. For more Information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

Diabetes Self-Management Education and Support (DSMES)

No cost to FHCP members. Our DSMES program is recognized by the American Diabetes Association (ADA) for quality comprehensive education. This program is taught by FHCP Registered nurses, Registered Dietitian Nutritionists and Certified Diabetes Care and Education Specialists (CDCES). Members with a diagnosis of diabetes may self-refer or be referred to the program by any of their health care providers. The program covers all pertinent topics to empower members to self-manage diabetes and actively participate in their plan of care with their providers. For additional information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

Professional organizations recommend at least four critical times to engage in DSMES:

- At initial diagnosis;
- Yearly, or when not meeting your treatment goals;
- When complicating factors develop; and/or
- When transitions in life and care occur

Diabetes Education: Long-Term Strategies

No cost to FHCP members. Diabetes requires life-long self-management skills and experts recommend ongoing support and education at least yearly. This follow up session to our comprehensive Diabetes Self-Management Education and Support (DSMES) class series is facilitated by one of our FHCP Registered Dietitian Nutritionists. Pertinent self-management topics to help members maintain focus on habits to manage diabetes long-term will be reviewed and questions addressed. For more information and scheduling, please contact us at **386-676-7133** or **877-229- 4518**.

Heart Smart: Prevention and Management

No cost to FHCP members. This session covers nutrition and lifestyle recommendations for improving cholesterol and triglyceride levels and high blood pressure for preventing and managing heart disease. Members may self-refer or be referred by any of their health care providers. For more information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

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DISEASE MANAGEMENT PROGRAMS (3 of 3 pages)

Manage Your Blood Pressure Better

No cost to FHCP members. This class covers healthy eating and lifestyle change recommendations to empower you to improve your blood pressure. For more information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

Nutrition and Education Counseling

No cost to FHCP members. Our FHCP Registered Dietitian Nutritionists are available for individual nutrition education and counseling for various conditions and situations where diet changes will be beneficial for members such as high blood pressure, vegetarianism/plant-based eating, chronic kidney disease, gestational diabetes, nutrition during pregnancy, food allergies/intolerances, gastrointestinal conditions, fatty liver, and any other nutrition concerns. For more information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

Osteoporosis / Osteopenia Programs

Co-pay/co-insurance and policy limits apply. This program is for members who are at risk or have been diagnosed with osteoporosis or osteopenia. The therapists at Ability Health Services will perform an evaluation and physical assessment to determine strength, endurance, and activity level. Members may call Ability directly, as no referral is needed. For more information, or to obtain a list of locations, call FHCP Member Services at **386-615-4022** or **877-615-4022**.

Preferred Fitness Gym Access

This free fitness program is provided to FHCP Medicare members, certain employer groups who elect this coverage, and members who enroll in individual plans with gym access. Our eligible members have access to a variety of quality health and fitness facilities in Volusia, Flagler, Brevard, St. Johns, and Seminole counties. For a current list of facilities, visit www.FHCP.com, or call FHCP Member Services at **386-615-4022** or **877-615-4022**.

Successful Strategies for a Health Weight

No cost to FHCP members. This weight management and diabetes prevention class series for adults helps individuals better understand, prevent, treat, and improve weight-related concerns through education and counseling. The overall goal is to promote lifestyle change for weight loss, long-term weight management, and chronic disease prevention/management. Members may self-refer or be referred by any of their health care providers. For more information and scheduling, please contact us at **386-676-7133** or **877-229-4518**.

Smoking Cessation

No cost to Florida residents. Tobacco Free Florida (TFF) is a free, statewide smoking cessation and prevention campaign. The program is managed by the Florida Department of Health through the Bureau of Tobacco Prevention. Smokers and smokeless tobacco users interested in assistance with quitting are encouraged to call the Florida Quitline at **877-U-CAN-NOW (877-822-6669)** to speak with a Quit Coach®. To access Tobacco Free Florida's additional quit-smoking resources, visit the Tobacco Free Florida website at www.tobaccofreeflorida.com.

DURABLE MEDICAL EQUIPMENT (DME) (1 of 4 pages)

ALL DURABLE MEDICAL EQUIPMENT (DME) ORDERS/REFERRALS REQUIRE:

- A PHYSICIAN SIGNATURE
- CLINICAL DOCUMENTATION OF MEDICAL NECESSITY
- LENGTH OF NEED.
- LENGTH OF NEED (nebulizers do not require length of need)

SEE SPECIFIC INSTRUCTIONS CONTINUED ON SUBSEQUENT PAGES FOR EACH TYPE OF EQUIPMENT LISTED.

For custom pedorthotics, diabetic shoes, and shoe inserts, please see **DIABETIC SHOES**.

Prior authorization from the FHCP Central Referrals Department is not needed for the equipment listed immediately below. The requesting provider's office should fax the order, along with supporting documentation, directly to Apria Healthcare to order covered equipment and supplies. Documentation of supporting medical necessity should then be faxed directly to Apria for the order to be filled. All patients (regardless of group type) must meet **stringent** evidence-based medical criteria guidelines for the specific equipment or supplies being ordered. If the patient does not meet Apria's evidence-based medical care guidelines, Apria will refer the case to the FHCP Referral Central Department for review. Nebulizers do not require length of need.

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| Apria Healthcare, Inc. #011216 <ul style="list-style-type: none">• Wheelchairs – <i>see special instructions below for power-operated vehicles (POVs) and electric wheelchairs</i>• Walkers and canes• Mastectomy bras• Nebulizers• CPAP machines and supplies• Mattress gel overlays and pads• Oxygen – <i>see special instructions below</i> | 771 Fentress Boulevard, Suite 1F, Daytona Beach, FL 32114 CPAP Supplies Ph: 877-265-2426 Enteral Supplies Ph: 844-260-1788 | Ph: 888-494-4647 Fax: 386-673-4403 After hours: 386-274-4809 |
| Oxygen – To request oxygen for an FHCP member, please supply one of the following: an arterial blood gas study performed withing 30 days of the order (if not conducted prior to a hospital discharge); an arterial oxygen saturation; 6-minute walk results; or O ₂ saturation on room air (must be below 88). If the oxygen order is for one night only, an overnight oximetry is all that will be required. The order must indicate the liter flow and indicate frequency (i.e., only at night, 24 hours per day, etc.) | | |
| Power-Operated Vehicles / Electric Wheelchair Orders – See next page | | |

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DURABLE MEDICAL EQUIPMENT – SPECIAL (2 of 4 pages)

PLEASE SEE ADDITIONAL INSTRUCTIONS ON PRIOR PAGE.

| Power-Operated Vehicles / Electric Wheelchair Orders | | |
|--|---|--|
| Apria Healthcare, Inc. #011216 <ul style="list-style-type: none">Power-operated vehicles (POVs)Electric wheelchairs | 771 Fentress Boulevard, Suite 1F, Daytona Beach, FL 32114 | Ph: 888-494-4647 Fax: 386-673-4403 After hours: 386-274-4809 |
| FHCP follows evidence-based medical criteria guidelines for the eligibility of Power-Operated Vehicles (POVs) and Electric Wheelchairs for all members (Medical and Commercial). Therefore, <i>prior to submitting</i> a referral to Apria Healthcare, the members must complete a Power-Operated Vehicle Physical Therapy Evaluation specific to the need for and use of the equipment. Outpatient Rehabilitation instructions and locations can be found in this directory. The physical therapist will evaluate the patient for appropriateness of the requested equipment. Documentation of supporting medical necessity should then be faxed directly to Apria for the order to be filled. If the patient does not meet evidence-based medical guidelines, Apria Healthcare will refer the case to the FHCP Central Referral Department for review. | | |

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DURABLE MEDICAL EQUIPMENT – SPECIAL – (3 of 4 pages)

EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- VACUUM-ASSISTED CLOSURE DEVICES – See *Hyperbaric Oxygen Therapy (HBO)* and *Vacuum-Assisted Closure Devices* found in the *WOUND CARE* section of this document.
- BONE GROWTH STIMULATORS – See *Bone Growth Stimulators*
- NEUROMUSCULAR STIMULATORS
- SPLINTING SYSTEMS – See *Braces / Orthotics / Prosthetics*
- WEARABLE CARDIOVERSION DEFIBRILLATORS / LIFE VESTS – See *Wearable Cardiac Defibrillator Devices* (next page)

FOR EXCEPTIONS NOTED ABOVE: Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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WEARABLE CARDIAC DEFIBRILLATOR DEVICES (LIFE VESTS) - (4 of 4 pages)

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Kestra Medical Technology Services, Inc. All ages | 3933 Lake Washington Boulevard NE, Suite 200, Kirkland, WA 98033 | Ph: 833-692-7787 Fax: 877-371-2202 |
| Zoll Services, LLC #058334 Ages: Case by case | | Ph: 412-968-3333 Ph: 800-543-3267 Fax: 412-567-9676 |

EAR, NOSE, AND THROAT (ENT) – (1 of 2 pages)

Prior authorization from the FHCP Central Referrals Department is not needed *except as indicated on page 2 of 2*. The requesting provider will send a referral order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Robert P. Collette, MD #003831 Ages 18+ | 763 Harley Strickland Boulevard, Orange, City, FL 32763 | Ph: 386-775-4467 Fax: 386-775-8679 |
|---|---|---------------------------------------|

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting provider will send a referral order to the specialist listed below. Provider or member should then call to schedule an appointment. For hearing loss, vertigo, and tinnitus, an audiogram must be completed before scheduling the appointment. For sinusitis, a sinus CT, limited without contrast, must be completed prior to the appointment. See *Diagnostic Testing* for instructions.

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| Perrin C. Clark, MD #0548141 Jane T. Dillon, MD #079508 Joseph P. Mirante, MD #001948 Michael Munier, MD #000024 Anthony Tucker, MD #044370 All ages | Florida ENT Associates 1050 W. Granada Boulevard, Suite 4, Ormond Beach, FL 32174 1185 Dunlawton Avenue, Suite 102, Port Orange, FL 32127 | Ph: 386-677-8808 Fax: 386-222-0769 Ph: 386-677-8808 Fax: 386-222-0769 |
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EAR, NOSE, AND THROAT (ENT) – (2 of 2 pages)

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| Daniel Rothbaum, MD #011652 Devang Shah, MD #006370 All ages <i>Fiberoptic Endoscopic Evaluation of Swallowing (FEES)</i> <i>Evaluation of oral and pharyngeal swallowing tests</i> <i>Videostroboscopy procedures</i> | Atlantic Ear, Nose, & Throat, PA 963 Town Center Drive, Suite 100, Orange City, FL 32763 1431 Orange Camp Road, Suite 112, Deland, FL 32724 | Both locations: Ph: 386-774-9880 Fax: 386-774-2898 |
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NASAL AND SINUS ENDOSCOPY PROCEDURES **REQUIRE PRIOR AUTHORIZATION IF PERFORMED IN AN AMBULATORY SURGICAL CENTER.**

Please complete the "[FHCP Referral Form](#)" found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. *Endoscopy procedures performed in the office do not require prior authorization.*

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

ECHOCARDIOGRAMS (ECG/EKG TESTING) – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Florida Health Care Plans (N) Ultrasound Departments Ages 18+ | FHCP Daytona Beach 350 N. Clyde Morris Blvd., Suite 5, Daytona Beach, FL 32114 FHCP Deland 937 North Spring Garden Avenue, Deland, FL 32720 FHCP Edgewater 239 N. Ridgewood Avenue, Edgewater, FL 32132 FHCP Ormond Beach 300 Clyde Morris Boulevard, Ormond Beach, FL 32174 FHCP Palm Coast 309 Palm Coast Parkway, Palm Coast, FL 32137 FHCP Palm Coast 145 City Place, Palm Coast, FL 32164 | All locations: Ph: 386-238-3270 Ph: 800-321-1227, Ext 3303 Fax: 386-238-3256 |
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Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan

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ECHOCARDIOGRAMS (ECG/EKG TESTING) – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Ashraf Elsagr, MD #002870 Ages 18+ <i>EPN Triple Option members only</i> | Advanced Cardiology 840 Dunlawton Avenue, Suite A, Port Orange, FL 32127 | Ph: 386-304-9672 Fax: 386-304-9673 |
| AdventHealth Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-917-5576 |
| AdventHealth Fish Memorial #00YG34 (H) | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-943-4610 Fax: 386-917-5576 |
| Rajendra Hippalgaonkar, MD #004674 Mayank Yadav, MD #120661 Ages 18+ Records required prior to scheduling. | Central Florida Heart Associates, PA 932 Saxon Boulevard, Suite A, Orange City, FL 32763 | Ph: 386-774-2100 Fax: 386-774-0326 |
| Port Orange Imaging Center #10P730 (N) Ages 18+ <i>Will not schedule SNF patients</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Twin Lakes Imaging Center #10P735 (N) <i>Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan

ELECTROENCEPHALOGRAM (EEG TESTING)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Halifax Health #00Y007 (H) | 201 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-2251 Fax: 386-238-2252 |
| HCA Florida Lake Monroe Hospital #00Y009 (H) | 1401 West Seminole Boulevard, Sanford, FL 32771 | Ph: 407-321-4500 |
| AdventHealth Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-917-5576 |
| AdventHealth Fish Memorial #00YG34 (H) | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-943-4610 Fax: 386-917-5576 |
| AdventHealth Daytona Beach #00Y015 (H) | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-671-5055 Fax: 386-917-5576 |
| Mandeep Garewal, MD #011986 Ages 25+ | Neurologic Consultants 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-676-6335 Fax: 386-256-7629 |
| Neurology Associates of Ormond Beach (N) Ages 18+ | 8 Mirror Lake Drive, Suite A, Ormond Beach, FL 32174 | Ph: 386-673-2500 Fax: 386-673-3204 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan

EEG TESTING – VIDEO

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. **Services for 24-72-hour ambulatory EEG video monitoring shall be rendered in the physician’s office or the member’s place of residence.**

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Vincente Trapani, MD #038366 Ages 18+ | NDC of Volusia 1055 N. Dixie Freeway, Suite 1, New Smyrna Beach, FL 32168 638 W. Plymouth Ave., Deland, FL 32720 | Ph: 386-423-0505 Fax: 386-423-0515 Ph: 386-279-0006 Fax: 386-297-0007 |
| Dalia Fulop, MD #133180 David McDonald, MD #002373 Tina Nigam, MD #151068 James A. Scott, MD #005198 Fax records to 386-676-6348, then office will schedule member. | Neurology Associates of Ormond Beach 8 Mirror Lake Drive, Ormond Beach, FL 32174 | Ph: 386-673-2500 Fax: 386-673-3204 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan

EEG TESTING – MOBILE SERVICES

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. **Services shall be rendered in the member’s place of residence.**

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Coastal Diagnostics Group #037343 <i>Mobile EEG continuous recording (with or without video) and interpretation</i> Ages 3+ | 927 Beville Road, Suite 106, South Daytona, FL 32119 | Ph: 469-995-8416 Fax: 386-523-8032 |
| Neurovative Diagnostics #128850 <i>Mobile EEG continuous recording (with or without video) and interpretation</i> All ages | 16800 Dallas Parkway, Suite 175, Dallas, TX 75248 <i>Local services provided.</i> | Ph: 972-361-8040 Fax: 972-502-9208 |

ELECTROCARDIOGRAM (EKG)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Write the EKG order and ICD-10 (diagnosis) code on a prescription pad and give to the member to present at the time of their test.**

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| Florida Health Care Plans Daytona Beach No appointment necessary | FHCP Daytona Beach Cardiology Department 350 N. Clyde Morris Blvd., 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 |
| Florida Health Care Plans Deland By appointment only. | 937 N. Spring Garden Avenue., Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-736-2784 |
| Florida Health Care Plans Edgewater By appointment only. | 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-427-6350 |
| Florida Health Care Plans Orange City By appointment only. | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550, Ext. 6832 Fax: 386-775-0176 |
| Florida Health Care Plans Ormond Beach No appointment necessary; Monday thru Friday, 7am to 11:30am and 1pm to 3pm | 461 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-671-4337 Fax: 386-481-6182 |
| Florida Health Care Plans Palm Coast By appointment only. | 309 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-447-9685 Fax: 386-446-3222 |
| Florida Health Care Plans Port Orange By appointment only. | 740 Dunlawton Avenue, Suite 200, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-763-0507 |
| Florida Health Care Plans Holly Hill By appointment only. | 1510 Ridgewood Avenue, Holly Hill, FL 32117 | Ph: 386-676-7136 Fax: 386-676-7181 |

EMERGENCY FACILITIES - (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed.

For emergency department admissions or 23-hour observation care, identify the member's assigned FHCP PCP and contact the PCP to discuss the case. After 5pm, or on weekends or holidays, contact the FHCP After Hours Call Center at **386-481-6090** or via fax at **386-258-4858**.

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| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 1041 Dunlawton Avenue, Port Orange, FL 32127 6225 S. Williamson Boulevard, Port Orange, FL 32128 | Ph: 386-454-4303 Fax: 386-254-4133 Ph: 386-322-4700 Ph: 386-425-8740 Fax: 386-425-8739 |
| UF Health Medical Center at Halifax of Deltona #086901 | 3300 Halifax Crossings Boulevard, Deltona, FL 32725 | Ph: 386-425-6100 Fax: 386-425-6101 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 Fax: 386-424-5007 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-917-5576 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-943-4610 Fax: 386-917-5576 |

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EMERGENCY FACILITIES – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed.

For emergency department admissions or 23-hour observation care, identify the member's assigned FHCP PCP and contact the PCP to discuss the case. After 5pm, or on weekends or holidays, contact the FHCP After Hours Call Center at **386-481-6090** or via fax at **386-258-4858**.

| | | |
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| AdventHealth Daytona Beach #00Y015 | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-671-5055 Fax: 386-917-5576 |
| AdventHealth Deltona #00YG34 | 3108 Howland Boulevard, Deltona, FL 32725 | Ph: 386-917-7700 Fax: 386-851-5019 |
| AdventHealth Port Orange ER #00Y004 | 5811 S. Williamson Boulevard, Port Orange, FL 32128 | Ph: 386-231-6350 Fax: 386-231-6398 |

ELECTROMYOGRAPHY (EMG) – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Brahmananda R. Yadlapalli, MD #089276 Ages 18+ | Florida Health Care Plans Palm Coast 315 Palm Coast Parkway NE, Suite 4, Palm Coast, FL 32137 Health Information Management fax: 386-481-5009 | Ph: 386-445-7073 Fax: 386-246-3839 |
| Mays Al-Ani, MD #137636 Ages 18+ | Advent Health Medical Group Neurology at Deland 742 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-3190 Fax: 386-738-7629 |
| Mandeep Garewal, MD #011986 Ages 25+ | Neurologic Consultants 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-676-6335 Fax: 386-256-7629 |
| Dalia Fulop, MD #133180 David McDonald, MD #002373 Tina Nigam, MD #151068 James A. Scott, MD #005198 Fax records to 386-676-6348 prior to scheduling. | Neurology Associates of Ormond Beach 8 Mirror Lake Drive, Ormond Beach, FL 32174 | Ph: 386-673-2500 Fax: 386-673-3204 |
| Amol K. Gupta, MD #10F317 Ages 18+ | Gupta Sports & Spine Center 345 Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-673-0075 Fax: 386-673-0049 |

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ELECTROMYOGRAPHY (EMG) – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|---|---------------------------------------|
| Vincente Trapani, MD #038366 Ages 18+ | NDC of Volusia 1055 N. Dixie Freeway, Suite 1, New Smyrna Beach, FL 32168 | Ph: 386-423-0505 Fax: 386-423-0515 |
|---|---|---------------------------------------|

ENDOCRINOLOGY (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|--|--|
| Silvia Cuadra, MD #074063 Ages 18+ Health Information Management fax: 386-481-5009 | Florida Health Care Plans Daytona Beach Endocrinology 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 Florida Health Care Plans Port Orange Endocrinology 1657 Taylor Road, Port Orange, FL 32128 | Both locations: Ph: 386-763-1000, option 7 Fax: 386-317-8550 |
| Gerald Miceli, MD #005608 Ages 18+ Health Information Management fax: 386-481-5009 | Florida Health Care Plans Ormond Beach Endocrinology 300 Clyde Morris Boulevard, Ormond Beach, FL 32174 | Both locations: Ph: 386-317-8620 Fax: 386-317-8625 |
| Vladimir K. Bakalov, MD #145939 Ashley Briggs, APRN-C, CDE #072146 Ages 18+ Diabetes Management Health Information Management fax: 386-481-5009 | Florida Health Care Plans Orange City Endocrinology 2777 Enterprise Road, Orange City, FL 32763 Florida Health Care Plans Edgewater Endocrinology 239 Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-774-2550 Fax: 386-774-5140 Ph: 386-427-4868 Fax: 386-427-6350 |
| Christina Rho, MD #00007N Established patients only Ages 18+ Some ages 16-17, on a case-by-case basis. | EDC of Volusia 780 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 | Ph: 386-423-0505 Fax: 386-423-0515 |
| Charlene Robertson, MD #10AD28 Medicare members only. | AdventHealth Medical Group Endocrinology at Orange City 2885 Wellness Avenue, Orange City, FL 32763 | Ph: 386-917-7627 Fax: 386-456-0033 |

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ENDOCRINOLOGY (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|---|---------------------------------------|
| Sheila Gupta, MD #00007L Ages 18+ Established patients only. | Gupta Medical Specialists 345 Clyde Morris Boulevard, Suite 390, Ormond Beach, FL | Ph: 386-673-0075 Fax: 386-673-0049 |
|---|---|---------------------------------------|

ENDOCRINOLOGY

THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the "[FHCP Referral Form](#)" found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|--|---------------------------------------|
| Maria Velasco Acuna, MD #146097 Poonam Kapadia, MD #092768 Ages 18+ | UF Health Endocrinology at Halifax 311 N. Clyde Morris Boulevard, Suite 580, Daytona Beach, FL 32114 | Ph: 386-241-1000 Fax: 386-241-1001 |
|---|--|---------------------------------------|

EVENT MONITOR

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Additional cardiac monitors can be found under *Cardiac Monitoring* in this document.

| | | |
|--|--|--|
| Florida Health Care Plans Daytona Beach EKG Technician | 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-3200, Ext. 3352 Fax: 386-238-3210 |
| Florida Health Care Plans Orange City EKG Technician | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550, Ext. 6832 Fax: 386-775-0176 |
| Florida Health Care Plans Palm Coast EKG Technician | 309 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-447-9685 Fax: 386-446-3222 |

EXTENDED HOURS CARE CENTERS (EHCC) – (1 of 2)

ALL FHCP EXTENDED HOURS CARE CENTERS OFFER APPOINTMENTS (SAME DAY AVAILABLE) AND ACCEPT WALK-INS. Call the center below or call FHCP Central scheduling at 386-676-7198 for an appointment. **Prior authorization is not needed.**

| HOURS OF OPERATION FOR THE FHCP EXTENDED HOURS CARE CENTERS BELOW: Monday – Friday, 7am to 7pm Saturdays, 8am to 12 noon | | |
|---|--|---------------------------------------|
| Florida Health Care Plans EHCC Daytona Beach | 350 North Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 | Ph: 386-238-3221 Fax: 386-238-3235 |
| Florida Health Care Plans EHCC Edgewater | 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-481-6591 |
| Florida Health Care Plans EHCC Orange City | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550 Fax: 386-774-5667 |
| Florida Health Care Plans EHCC Ormond Beach | 461 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-671-4337 Fax: 386-671-1127 |
| Florida Health Care Plans EHCC Deland | 937 N. Spring Garden Avenue, Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-734-4571 |
| Florida Health Care Plans Port Orange | 740 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-481-6399 |

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EXTENDED HOURS CARE CENTERS (EHCC) – (2 of 2)

Extended-Hour Primary Care Services Only

Members will be charged the appropriate copayment as listed in the copayment section of their FHCP Member Handbook.

| | | |
|--|---|---------------------------------------|
| Halifax Health Express Care Clinics All ages HECN Members Only | Halifax Health Express Care Deltona 2090 Saxon Boulevard, Suite B, Deltona, FL 32725 | Ph: 386-425-3300 Fax: 386-425-3301 |
| | Halifax Health Express Care Ormond Beach 1688 W. Granada Boulevard, Suite 2A, Ormond Beach, FL 32174 | Ph: 386-425-4460 Fax: 386-425-4461 |
| | Halifax Health Express Care Daytona Beach Shores 3048 South Atlantic Avenue, Daytona Beach Shores, FL 32118 | Ph: 386-845-5450 Fax: 386-845-5454 |
| | Halifax Health Express Care Port Orange 5440 South Williamson Boulevard, Port Orange, FL 32128 | Ph: 386-45-5451 Fax: 386-845-5455 |

For additional after-hours services, see *URGENT CARE SERVICES*.

FLIGHT PHYSICALS – Federal Aviation Administration (FAA) Physicals

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| Elizabeth Le, MD #10G373 All FHCP Members | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Blvd., 1 st Floor, Daytona Beach, FL 32114 | Ph: 386-238-3221 Fax: 386-238-3235 |
| Ryan Rees, MD #011254 Non-Medicare FHCP members only | 201 N. Clyde Morris Blvd., Suite 240, Daytona Beach, FL 32114 | Ph: 386-425-4822 Fax: 386-255-0140 |

GASTROENTEROLOGY – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|--|--|
| Rulz Cantave, MD #149778 Ammar Hemaïdan, MD #000104 Zachary Neubert, DO #126251 Eyad Swaity, MD #156114 | Advanced Endoscopy Center & Advanced Medical Center 1690 Dunlawton Avenue, Suite 210, Port Orange, FL 32127 1890 LPGA Boulevard, Suite 270, Daytona Beach, FL 32117 | Ph: 386-763-4920 Fax: 386-763-4939 |
| Tomas Rodriguez Molinet, MD #152095 | Advent Health Gastroenterology at Deland 1070 North Stone Street Suite D, Deland, FL 32720 | Ph: 386-943-3270 Fax: 386-822-9112 |
| Louis Agnone, MD #004456 Vrushak Deshpande, MD # 081880 Raxitkumar Jinjuvadia, MD # 098310 Ketul Patel, MD #10X175 Andrea Pagan, MD #153704 Mihir Patel, MD #137176 Hardik Shah, MD #150470 <i>EPN Triple Option members only</i> | Borland-Groover 3635 South Clyde Morris Boulevard, Suite 100, Port Orange, FL 32129 305 Clyde Morris Boulevard Suite 270 Ormond Beach, FL 32174 | Centralized Phone & Fax Ph: 386-788-1242 Fax: 386-756-8802 |

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GASTROENTEROLOGY – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please send EKG if completed within the past year.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For Pediatric Gastroenterology, see *PEDIATRIC SUB-SPECIALTIES – GASTROENTEROLOGY*.

| | | |
|---|--|--|
| Anis Ahmadi, MD #051555 William Barlow, MD #047675 Timothy Cavacini, DO #108542 Rafael Cortes, MD #055586 William Foody, Jr., MD #061115 Daniel Gassert, MD #10T871 Willemijntje Hoogerwerf, MD #10AL43 Camille McGaw, MD #051554 Lindsey Merritt, DO #092748 Jesus Salas Noain, MD #152329 Benoit Pineau, MD #131068 Stuart Soroka, MD #116113 Steven Villanueva, MD #061064 Rachael Weigle, DO #152330 | Borland-Groover 150 Longleaf Pine Pkwy., Suite 200, St. Johns, FL 32559 40 Groover Loop, Suite 200, St. Augustine, FL 32086 | Ph: 904-398-7205 Fax: 904-396-4047 Ph: 904-824-6108 Fax: 904-823-9613 Central Fax # for Referrals: 904-265-6479 |
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GASTROENTEROLOGY – (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please send EKG if completed within the past year.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For Pediatric Gastroenterology, see *PEDIATRIC SUB-SPECIALTIES – GASTROENTEROLOGY*.

| | | |
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| Arun K. Dhand, MD # 101500 <i>EPN Triple Option members only</i> | Arun K. Dhand, M.D. P.L 780 W. Granada Blvd., Ste. 201, Ormond Beach, FL 32117 | Ph: 386-675-6778 Fax: 386-675-6782 |
| Ahmed Elbanna, DO #134905 Alakh Gulati, MD #134907 Vishal Gupta, MD #143207 Wei Lu, MD #134908 Karl Mersich, MD #069804 Dany Shamoun, MD #082316 Jennifer Sinclair, MD # 088162 | Gastroenterology of Greater Orlando, LLC 2884 Wellness Avenue Suite 100, Orange City, FL 32763 929 North Spring Garden Avenue Suite 150, Deland, FL 32720 | Ph: 386-668-2221 Fax: 386-668-2228 Ph: 386-339-2692 Fax: 386-668-2228 |
| Antonio J. DeCarli MD #10D185 | Gastro Health, LLC 1744 State Road 44 New Smyrna Beach, FL 32168 | Ph: 386-427-0390 Fax: 386-427-0394 |
| Bryan H. Heath MD #004974 | Bryan H. Heath M.D. P.A. 308 Palmetto Street New Smyrna Beach, FL 32168 | Ph: 386-957-3891 Fax: 386-957-3887 |
| Mark A. Nagrani, MD #004740 | Mark A. Nagrani, M.D. P.A. 612 Palmetto Street New Smyrna Beach, FL 32168 | Ph: 386-423-5500 Fax: 386-409-9762 |

GENETIC COUNSELING

Prior authorization from FHCP Central Referrals is not needed if the counseling is performed by the referring provider, or by InformedDNA.

| | | |
|----------------------------|---|---------------------------------------|
| InformedDNA (IDNA) #079436 | 11 2 nd Avenue NE, Suite 700, St. Petersburg, FL 33701 | Ph: 800-975-4819 Fax: 760-203-1194 |
|----------------------------|---|---------------------------------------|

GENETIC TESTING

Prior authorization is not required for the following genetic tests as long as the specimens are processed by Quest Diagnostic Laboratories. Providers may send patient orders directly to an FHCP Lab or to a Quest Patient Draw Center for lab draws.

| | |
|--|--|
| <ul style="list-style-type: none">• Solid Core Tumor Panel• PD-L 1• Comprehensive Hereditary Panel – 66-Gene• FISH, ABL1• FISH, ABL2• JAK2 V617F Mutation Analysis• JAK2 Exon 12 Mutation Analysis | <ul style="list-style-type: none">• QUAD Screen• QNatal• Prenatal Carrier Screen (CF, Fragile X, SMA)• HFE-Hereditary Hemochromatosis DNA Mutation Analysis• Careticulin (CALR) Mutation Analysis• MPL Mutation Analysis• JAK2 V617F Cascading Reflex to CALR, JAK2 Exon 12, MLP & CSF3R |
| For questions regarding genetic tests or testing, please call FHCP Central Referrals Department at 386-238-3230 . | |

All other genetic tests or lab orders for any other laboratory other than Quest Diagnostic Laboratories will require prior authorization from Florida Health Care Plans. Please complete Genetic Testing Authorization Form which is location on FHCP.com.

GLUCOMETERS

Prior authorization from FHCP Central Referrals is not needed.

For FHCP Members: New and replacement glucometers (blood glucose meters) are available to diabetic FHCP members at their FHCP PCP office or at any of the FHCP Extended Hours Care Centers listed below. If our FHCP member is a patient of a network PCP and needs a new or replacement glucometer, the member may pick up a meter at any of the FHCP Extended Hours Care Centers listed below.

For Fee for Service clients: Fee for Service clients must have a prescription and obtain their glucometer from the place where their insurance plan directs them.

Volusia Health Networks (VHN) patients should call Karen Albregtse with VHN at 386-239-2322 to obtain a meter.

A member or their representative may pick up a glucometer if they know how to use it.

NOTE: Glucometer training must be provided for all newly diagnosed diabetic members and American Diabetes Association (ADA) recognized diabetes education classes offered. Members may receive glucometer training at their PCP office or at one of our EHCC locations listed below.

Diabetes education, other training requests, or any issues should be directed to the **FHCP Diabetes and Nutrition Education Department** at **386-676-7133**, or **877-229-4518** (fax: 386-238-3228).

| | |
|--|---|
| FHCP Extended Hours Care Center Daytona Beach 350 North Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 Ph: 386-238-3221 | FHCP Extended Hours Care Center Port Orange 740 Dunlawton Avenue, Port Orange, FL 32127 Ph: 386-763-1000 |
| FHCP Extended Hours Care Center Ormond Beach 461 S. Nova Road, Ormond Beach, FL 32174 Ph: 386-671-4337 | FHCP Extended Hours Care Center Edgewater 239 N. Ridgewood Avenue, Edgewater, FL 32132 Ph: 386-427-4868 |
| FHCP Extended Hours Care Center Deland 937 North Spring Garden Avenue, Deland, FL 32720 Ph: 386-736-1948 | FHCP Extended Hours Care Center Orange City 2777 Enterprise Road, Orange City, FL 32763 Ph: 386-774-2550 |

GYNECOLOGY & WELL WOMAN'S ASSESSMENTS – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. Routine well-woman and gynecological exams may be provided by either a gynecologist or the member's PCP. Female members may directly call the selected provider below to schedule an appointment. A provider's referral is not necessary.

| | | |
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| Pamela Carbiener, MD #000170 (<i>established patients only</i>) Patricia C. Esquivel, MD #049161 Sarah Marino, MD #135184 Maria Novoa, MD #111183 Zachary Tyser, MD #063216 Ages 10+ | Halifax OB/Gyn Associates 1890 LPGA Boulevard, Suite 160, Daytona Beach, FL 32117 | Ph: 386-252-4701 Fax: 386-253-9410 |
| Jesse Greenblum, MD #061149 Ages 12+ | Halifax Health Family & Sports Medicine 201 Clyde Morris Boulevard, Suite 200, Daytona Beach, FL 32114 | Ph: 386-425-4165 Fax: 386-255-0140 |
| Meetesh Desai, MD #112690 Ted. E. Robertson, MD #10Q518 Ages 18+ | Volusia OB/Gyn 3641 S. Clyde Morris Boulevard, Suite 100, Port Orange, FL 32129 | Ph: 386-252-5858 Fax: 386-252-4477 |
| David Ossin, MD #119784 | Osceola Surgical Associates 2728 Enterprise Rd., Ste. 100, Orange City, FL 32763 | Ph: 407-751-2868 Fax: 407-868-8498 |

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GYNECOLOGY & WELL WOMAN'S ASSESSMENTS – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. Routine well-woman and gynecological exams may be provided by either a gynecologist or the member's PCP. Female members may directly call the selected provider below to schedule an appointment. A provider's referral is not necessary.

| | | |
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| Jeffrey Brooks, MD #043476 <i>Established patients only.</i> Prayuk Waran, MD #128389 Ages 13+ | AdventHealth Medical Group GYN Surgery at Deland 1061 Medical Center Dr., Ste. 202 Orange City, FL 32725 | Ph: 386-740-4015 Fax: 386-740-4017 |
| Cynthia Baldwin, MD #011160 Kelcey Day Carson, MD #150076 Christine DaSilva, MD #107457 John Meyers, MD #006366 All ages | OB/Gyn Health Center 769 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 533 N. Clyde Morris Boulevard, Ste. A, Daytona Beach, FL 32114 | Ph: 386-258-0123 Fax: 386-258-6464 |
| Ricardo J. Larrain, MD #001855 All ages | 800 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-736-1404 Fax: 386-736-1423 |
| Heather Metchick #011105 Ages 10+ | Edgewater Gynecology, PA 433 N. Causeway, New Smyrna Beach, FL 32169 | Ph: 386-427-4441 Fax: 386-427-4494 |
| Jacob Rouse, MD #001831 All ages | New Smyrna Beach Gynecology 603 South Orange Street, New Smyrna Beach, FL 32168 | Ph: 386-423-0333 Fax: 386-423-0042 |

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GYNECOLOGY & WELL WOMAN'S ASSESSMENTS – (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. Routine well-woman and gynecological exams may be provided by either a gynecologist or the member's PCP. Female members may directly call the selected provider below to schedule an appointment. A provider's referral is not necessary.

| | | |
|--|---|---------------------------------------|
| Hussain Esmail Rawji, MD #045908 Ages 15+ <i>Established patients only.</i> | 850 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-337-3190 Fax: 844-766-1845 |
| Shakeela Tawwab, MD #005161 Ages 13+ | 634 Deltona Boulevard, Suite C, Deltona, FL 32725 | Ph: 386-574-5565 Fax: 386-574-8567 |

GYNECOLOGIC ONCOLOGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| Kelly Molpus, MD #011164 (Medical & Gyn only) Ages 18+ | Halifax Health Cancer Center for Hope – GYN Oncology 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-4034 Fax: 386-425-7704 |
|--|---|---------------------------------------|

IMPORTANT NOTE: If appointments are not available with Dr. Molpus, please fax a prior authorization request to FHPC Central Referrals Department at **386-238-3253** for consideration for the patient to be seen at Mayo Clinic in Jacksonville, Florida.

HEMATOLOGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| Walter J. Durkin, MD #003875 Ages 18+ Health Information Management fax: 386-481-5009 | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Boulevard, 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3200 Fax: 386-238-3216 |
|--|---|---------------------------------------|

HEPATITIS C SERVICES

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Please include recent lab and Metavir score (through liver biopsy or Fibrosure), as well as genotype, viral load, and treatment history. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|--|---------------------------------------|
| FHCP is managing curative treatment of chronically infected HCV patients through our CAN Community HCV Clinic. Non-Medicare and Exchange (ACA) members with a Metavir score of F3-F4 are eligible for treatment with Direct Acting Antivirals (DAA). Medicare members are eligible for treatment regardless of Metavir score. | | |
| Hector Nieves-Vazquez, MD #069891 Ages 18+ Mobile medical unit available. | CAN Community Health, Inc. 1125 North Nova Road, Daytona Beach, FL 32117 | Ph: 386-274-7651 Fax: 877-242-5455 |

HEPATOBILIARY SERVICES

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

HIDA (CHOLESCINTIGRAPHY) SCAN

REQUIRES PRIOR AUTHORIZATION. Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

HIV (HUMAN IMMUNODEFICIENCY VIRUS)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|--|
| Hector Nieves-Vazquez, MD #069891 Ages 18+ Mobile medical unit available. | CAN Community Health 1125 North Nova Road, Daytona Beach, FL 32117 | Ph: 386-274-7651 Fax: 877-242-5455 |
| Mohammed Reza, MD #128460 Ages 16+ | Reza Health 565 Memorial Circle, Ormond Beach, FL 32174 | Ph: 888-831-2949 Fax: 877-904-5575 |
| Godson Oguchi, MD #011100 Ages 16+ | Santa Rosa De Lima Medical 955 Town Center Drive, Suite 100, Orange City, FL 32763 665 Peachwood Drive, Deland, FL 32720 | Ph: 386-228-0661 Fax: 386-228-0062 Ph: 386-822-4191 Fax: 386-822-4192 |

HOLTER MONITOR

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Additional cardiac monitors can be found under *Cardiac Monitoring* in this document.

| | | |
|--|---|---|
| Florida Health Care Plans Daytona Beach EKG Technician | FHCP Daytona Beach Cardiology Department 350 N. Clyde Morris Blvd., 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 |
| Florida Health Care Plans Orange City EKG Technician | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550, Ext. 6832 Fax: 386-775-0176 |
| Florida Health Care Plans Palm Coast EKG Technician | 309 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-447-9685 Fax: 386-446-3222 |
| CardioNet <i>To be connected and disconnected by trained FHCP personnel only.</i> Monitoring system is staffed 24/7/365. | 2476 Swedesford Road, Suite 350, Malvern, PA 19355 1 Electronics Drive, Mercerville, NJ 08619 4430 Rosewood Drive, Suite 200, Pleasanton, CA 94588 175 Pinelawn Road, Melville, NY 11747 | All locations: Ph: 866-426-4402 Fax: 855-560-7774 |

HOME HEALTH CARE

Prior authorization from the FHCP Central Referrals Department is not needed. The ordering provider should submit the order directly to a (HHCA) Home Health Care Agency. Once the order is received, the HHCA and FHCP Case Management Department will discuss the case for authorization. Florida Health Care Plans Case Management 386 / 676-7187.

| | | |
|--|---|--|
| AccentCare Home Health of Daytona #011810 Volusia and Flagler Counties | 1200 W. Granada Boulevard, Suite 4, Daytona Beach, FL 32174 | Phone: 386-872-4700 Fax: 800-475-9082 |
| BrightStar Care of West Volusia #087949 Non-Medicare Only | 414 S Woodland Boulevard Deland, FL 32720 1000 Palm Coast Pkwy SW, Suite 206 Palm Coast, FL 32137 | Phone: 386-233-9009 Fax: 386-218-3174 |
| CenterWell Health Daytona/Deland #149435 | 1737 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32117 929 N. Spring Garden Ave., Ste. 100, Deland, FL 32720 | Phone: 386-274-1088 Fax: 386-274-1419 Phone: 386-736-9224 Fax: 386-734-3444 |
| Waypoint Home Health Care #087764 Ages 18+ | 2140 S. Riverside Dr., Ste. 24, Edgewater, FL 32141 | Phone: 386-410-5600 Fax: 386-410-5601 |

HOME INFUSION PHARMACIES

REQUIRES PRIOR AUTHORIZATION. Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187**.

For after-hours or holiday **authorizations**, call the FHCP Call Center at **800.352.9824**.

| | | |
|----------------------------|---|--------------------------------------|
| Holly Hill Pharmacy | 1702 Ridgewood Avenue, Holly Hill, FL 32117 | Ph: 386-677-7377 Ph: 844-677-0739 |
|----------------------------|---|--------------------------------------|

HOSPICE

NON-MEDICARE MEMBERS ONLY REQUIRE PRIOR AUTHORIZATION. Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday authorizations, call the FHCP Call Center at **386-481-6090**.

Medicare patients, their representatives, or their providers, may call any Medicare-certified hospice of their choice for an evaluation. The FHCP Case Management Utilization Review Department must be notified of all hospice admissions (Medicare and commercial) by calling **386-676-7187** or **866-686-7187**.

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|-------------------------------|--|--|
| Halifax Health Hospice | Care Center Locations: 4140 S. Ridgewood Avenue, Edgewater, FL 32141 | Ph: 386-425-8950 Fax for all locations: 386-425-7864 |
| | 1625 Veteran's Memorial Parkway, Orange City, FL 32763 | Ph: 386-851-7600 |
| | 235 Booth Road, Ormond Beach, FL 32174 | Ph: 386-425-7900 |
| | 3800 Woodbriar Trail, Port Orange, FL 32129 | Ph: 386-322-4752 |
| | Office Locations: 3800 Woodbriar Trial, Port Orange, FL 32129 | Ph: 386-322-4701 |
| | 168 W. Granada Boulevard, Ormond Beach, FL 32174 | Ph: 386-425-7900 |
| AdventHealth Hospice | 12550 South SR 15-A, Deland, FL 32720 | Ph: 386-822-4848 |
| | 770 West Granada Boulevard, Suite 304, Ormond Beach, FL 32174 | Ph: 386-671-2138 Fax: 386-672-0314 |

HOSPITAL ADMISSIONS – (1 of 2 pages)

Direct Admissions: Providers with admitting privileges should contact FHCP’s Admission Coordinator at **386-676-7187** Monday – Friday 8am to 5pm for pre-admission evaluations and verification of direct admissions from the provider’s office. After 5pm or on weekends or holidays, please call FHCP’s After Hours Call Center at **386-481-6090** or fax **386-258-4858**.

If the admitting physician does not have admitting privileges, the physician should all the FHCP contracted hospitalist group assigned to that facility for coverage. See “Hospitalist” for a list of locations.

Emergency Department Admissions or 23-hour Observation cases: Contact the FHCP member’s PCP to discuss the case. After 5pm or on weekends or holidays, please call FHCP’s After Hours Call Center at **386-481-6090**.

| | | |
|--|--|---|
| Halifax Health #00Y007 Pediatric admissions available at Halifax Daytona Beach only. | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-425-4000 Fax: 386-254-4113 Ph: 386-425-4700 |
| UF Health Medical Center of Deltona at Halifax #086901 | 3300 Halifax Crossings Boulevard, Deltona, FL 32725 | Ph: 386-425-6100 Fax: 386-425-6101 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 Fax: 386-424-5007 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-3674 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-917-5000 |
| AdventHealth Daytona Beach #00Y015 | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-231-3034 Fax: 386-676-6077 |

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HOSPITAL ADMISSIONS – (2 of 2 pages)

LONG-TERM ACUTE CARE HOSPITAL ADMISSIONS

REQUIRES PRIOR AUTHORIZATION. Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday **authorizations**, call the FHCP Call Center at **386-481-6090**.

| | | |
|---|---|---------------------------------------|
| Select Specialty Hospital – Daytona Beach #049209 Ages 18+ | 301 Memorial Medical Parkway, 11 th Floor, Daytona Beach, FL 32117 | Ph: 386-231-3436 Fax: 386-231-5210 |
|---|---|---------------------------------------|

INPATIENT (ACUTE) REHABILITATION FACILITIES

REQUIRES PRIOR AUTHORIZATION. Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday authorizations, call the FHCP Call Center at **386-481-6090**.

| | | |
|--|---|---------------------------------------|
| Halifax Health and Brooks Center for Inpatient Rehabilitation | 303 N. Clyde Morris Boulevard, Floors 8 & 9, Daytona Beach, FL 32114 | Ph: 386-425-5817 Fax: 386-425-5801 |
| AdventHealth Daytona Beach Inpatient Rehab | 301 Memorial Medical Parkway, 12 th Floor, Daytona Beach, FL 32117 | Ph: 386-231-5023 Fax: 386-231-1298 |

HOSPITALIST (1 of 2 pages)

If the admitting physician does not have admitting privileges, the physician should call the FHCP contracted hospitalist group assigned to that facility for coverage. Physicians provide medical care to FHCP members and to non-FHCP patients of our FHCP PCPs who choose not to perform inpatient services.

| | | |
|---|---|--|
| FHCP Hospitalist Program Richard L. Braithwaite, MD , Program Director Susan P. Mathew, MD, PhD Edward Schwartz, DO | Halifax Health 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-481-6090 Fax: 386-258-4858 |
| FHCP Physicians – Hospitalist Services Mario Cucciarella, MD Wesley Driggers, MD Carmen Serrano-Lopez, MD Donald White, MD | Halifax Health 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-481-6090 Fax: 386-258-4858 |
| Halifax Pediatric Hospitalists Lindsey Johnson, MD Muhammad Youssef Hassan, MD | Halifax Health 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-481-6090 Fax: 386-258-4858 |
| OB Hospitalist Group, LLC | Halifax Health 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 1041 Dunlawton Avenue, Port Orange, FL 32127 | Both locations: Ph: 386-425-5200 Fax: 386-425-7535 |
| FHCP Physicians – Hospitalist Services George L. Ehringer, MD Erika Faile, MD Harjot Kahlon, MD Alfonza McCollum, MD | AdventHealth Daytona Beach 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-481-6090 Fax: 386-258-4858 |

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HOSPITALIST (2 of 2 pages)

If the admitting physician does not have admitting privileges, the physician should all the FHCP contracted hospitalist group assigned to that facility for coverage. Physicians provide medical care to FHCP members and to non-FHCP patients of our FHCP PCPs who choose not to perform inpatient services.

| | | |
|---|--|---------------------------------------|
| Sound Inpatient Physicians, Inc. | AdventHealth New Smyrna Beach 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 |
| Volusia Hospitalists, PLC | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-676-0255 Fax: 386-676-2555 |
| Inpatient Consultants of Florida, Inc. (IPC) | AdventHealth Deland 701 W. Plymouth Avenue, Deland, FL 32720 AdventHealth Fish Memorial 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-304-3888 |

HYPERBARIC OXYGEN THERAPY & VACUUM-ASSISTED CLOSURE DEVICES

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

INFECTIOUS DISEASES – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

SEE ALSO: HIV (HUMAN IMMUNODEFICIENCY VIRUS)

| | | |
|--|--|--|
| Alexandra A. Crossman, MD #038593 <i>Limited availability. Ages 18+</i> | FHCP Ormond Beach 300 Clyde Morris Boulevard, Suite A, Ormond Beach, FL 32174 | Ph: 386-317-8620 Fax: 386-317-8625 |
| Hector Nieves-Vazquez, MD #069891 Ages 18+ Mobile medical unit available. | CAN Community Health, Inc. 1125 North Nova Road, Daytona Beach, FL 32117 | Ph: 386-274-7651 Fax: 877-242-5455 |
| Reba K. Isaac, MD #011046 Ages 16+ | IDC of Volusia 410 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-410-4981 Fax: 386-410-4982 |
| Godson Oguchi, MD #011100 Ages 16+ | Midland Florida Infectious Diseases Specialists 955 Town Center Drive, Suite 100, Orange City, FL 32763 665 Peachwood Drive, Deland, FL 32720 | Ph: 386-228-0661 Fax: 386-228-0662 Ph: 386-822-4191 Fax: 386-822-4192 |

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INFECTIOUS DISEASES – (2 of 3 pages)

| | | |
|---|---|--|
| Mohammed Reza, MD #128460 Ages 16+ | Reza Health 565 Memorial Circle, Ormond Beach, FL 32174 | Ph: 888-831-2949 Fax: 877-900-5575 |
| Volusia County Health Department #00P421 All ages | 1845 Holsenback Drive, Daytona Beach, FL 32117 775 Harley Strickland Blvd., Suite 110, Orange City, FL 32763 717 Canal Street, New Smyrna Beach, FL 32168 421 S. Keech Street, Daytona Beach, FL 32114 | Ph: 386-424-2065 Fax for all locations: 386-274-0800 Ph: 386-457-6300 Ph: 386-424-2065 Ph: 386-281-6500 |
| Daniel Warner, MD #008293 Ages 18+ | 570 Memorial Circle, Suite 140, Ormond Beach, FL 32174 | Ph: 386-220-9886 Fax: 386-220-9638 |

INFECTIOUS DISEASES – PEDIATRICS – (3 of 3 pages)

REQUIRES PRIOR AUTHORIZATION. All pediatric subspecialists require prior authorization. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

For assistance in securing pediatric subspecialty care, you may contact FHCP Central Referrals at **386-238-3260** or **800-352-9824, extension 3230**.

INFUSION CLINICS – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the facility below for information and instructions. The patient must have a written order from the physician. Scheduling is by appointment only.

| | | |
|--|---|---|
| Florida Health Care Plans Daytona Beach | 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 | Ph: 386-238-3297 Fax: 386-238-3274 |
| Florida Health Care Plans Orange City | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550, Ext 6832 Fax: 386-774-5667 |

INFUSION SERVICES FOR WEST VOLUSIA RESIDENTS:

Some infusion medications require prior authorization. Please refer to the list of Prior Authorization medications located on the FHCP website at <https://www.fhcp.com/providers/referrals-authorizations-orders/> under the Medication Formulary tab, at “Prior Authorization Criteria.” Please follow the specific instructions for the medication. Complete the “FHCP Prior Authorization Medication Form” found on the link above and fax to FHCP’s Central Referrals Department at **386-238-3253**. All orders require recent history and physical along with the physician’s order. The FHCP Central Referrals Department will review the request and forward for administration or notify you if the request is denied. If the medication does not require prior authorization, the provider should send the history and physical along with the order directly to Mid-Florida Hematology.

For Infusion Service beginning on a weekend, the ordering provider must contact an FHCP-contracted Home Health Agency to start the process. Guidelines are noted under *HOME HEALTH* in this document.

| | | |
|--|---|---------------------------------------|
| Mid-Florida Hematology & Oncology | 2776 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-1223 Fax: 386-774-1314 |
|--|---|---------------------------------------|

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INFUSION CLINICS – (2 of 2 pages)

PROVIDER BELOW REQUIRE PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|--|---|---------------------------------------|
| IVX Health Ages 6+ This provider administers biologic drugs that target autoimmune and chronic inflammatory diseases. Antibiotics, Infectious Disease and Oncology Infusions are not available with this provider. | 2262 W. international Speedway Boulevard, Daytona Beach, FL 32114 | Ph: 386-261-8022 Fax: 844-946-0867 |
| | 867 Harley Strickland Boulevard, Suite 200, Orange City, FL 32763 | Ph: 386-267-0060 Fax: 386-259-6096 |

INFUSION SERVICES – INFUSION PUMPS FOR CHEMOTHERAPY

Prior authorization from FHCP Central Referrals is not needed. The requesting oncologist should contact the representative below to order supplies for the FHCP member.

| | | |
|---------------------------------------|---|------------------|
| Walter Schytte, Representative | InfuSystem, Inc. 960 Turnpike Street, Unit 20, Canton, MA 02021 | Ph: 407-488-3491 |
|---------------------------------------|---|------------------|

INJECTION CLINIC

Prior authorization from FHCP Central Referrals is not needed. The requesting provider may call the selected facility below for information and instructions. Scheduling is by appointment only.

| | | |
|--|--|---|
| Florida Health Care Plans Daytona Beach | 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-3297 Fax: 386-238-3274 |
| Florida Health Care Plans Orange City | 2777 Enterprise Road, Orange City, FL 32763 Mon-Fri 8:30am to 1:00pm and 2:00pm to 3:00pm Routine injections will be scheduled Wednesdays from 1pm to 4pm. | Ph: 386-774-2550 Ext 6832 or 6833 Fax: 386-774-5667 |
| Florida Health Care Plans Palm Coast | 309 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-445-7073 Fax: 386-447-7092 |

INSULIN PUMPS (1 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach lab results requested below along with documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. FHCP follows CMS and Milliman Care Guidelines for approving insulin pumps.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

INTERPRETER SERVICES (1 of 2 pages)

DEAF AND HARD OF HEARING SERVICES

SIGN LANGUAGE:

| | | |
|--|---------------------------|---------------------------------------|
| Deaf and Hard of Hearing Sign Language Interpreters are available to all FHCP members. The requesting provider must call an FHCP Provider Relations Coordinator at the number below at least 24 hours in advance to request a sign language interpreter. | | |
| Florida Health Care Plans Provider Relations Coordinator | Florida Health Care Plans | Ph: 386-615-5096 Fax: 386-676-7167 |

TELECOMMUNICATION RELAY SERVICES:

FHCP uses the national Telecommunication Relay Services (TRS) System. TRS is a telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls. **Please call TRS Relay directly at 711.**

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INTERPRETER SERVICES (2 of 2 pages)

LANGUAGE INTERPRETERS

FHCP staff providers have a 6-digit client ID number available to them in their offices.

LANGUAGE LINE INSTRUCTIONS:

1. A call comes in from a limited-English-speaking patient or a patient requesting a specific-language interpreter, or a patient need language assistance arrives in the physician's office.
2. Use "**conference hold**" to place the limited-English-speaking caller on hold or have the patient present with you.
3. Dial Language Line at **866-874-3972**.
4. **Enter your 6-digit client ID** when prompted to do so. (Be sure to have obtained this number in advance as instructed above.)
 - a. Press 1 for Spanish
 - b. Press 2 for all other languages
 - i. Speak the name of the language you need at the prompt.
5. An interpreter will be connected to your call.
6. **Brief the interpreter.** Give your name, phone number, and advise the interpreter that, in the event of a dropped call, to please call to conference you back in on the call. Summarize what you wish to accomplish and give any special instructions.
7. **Add the limited-English-speaking caller to the line.**
8. **Say, "End of call"** to the interpreter when the call is completed.

To hear a recorded demonstration of an over-the-phone Language Line interpretation, call the demonstration line at **800-996-8808**, or visit their website at www.LanguageLine.com.

INTERVENTIONAL RADIOLOGY

MAY REQUIRE PRIOR AUTHORIZATION. Most interventional radiology procedures require prior authorization. To determine if a specific interventional radiology procedure requires prior authorization, please call the FHCP Central Referral Department at **386-238-3230** to discuss the procedure.

If prior authorization is required, please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3230**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

LABORATORY SERVICES – ROUTINE AND STAT (1 of 4 pages)

No appointment is necessary at the locations listed below. FHCP requests that all members use these facilities and those on the next page for routine and STAT lab collections. Providers may make arrangements for specimen collection appointments with Quest Diagnostics by calling 888-277-8772 or online at www.QuestDiagnostics.com/appointments. Complete the Quest form and give to the patient to take to Quest at time of service.

PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING. See **GENETIC TESTING** in this document for instructions.

| | | |
|--|---|--|
| Florida Health Care Plans Daytona Beach Laboratory Draw Station | 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 Lab hours: Monday through Friday, 7am to 4:30pm | Ph: 386-238-3285 Fax: 386-238-3282 |
| Florida Health Care Plans Deland Laboratory Draw Station | 937 North Spring Garden Avenue, Deland, FL 32720 Lab hours: Monday through Friday, 7am to 4pm | Ph: 386-736-7948 Fax: 386-734-4571 |
| Florida Health Care Plans Deltona Laboratory Draw Station | 1925 Providence Boulevard, Deltona, FL 32725 Lab hours: | Ph: 386-774-7262 Fax: |
| Florida Health Care Plans Holly Hill Laboratory Draw Station | 1510 Ridgewood Avenue, Holly Hill, FL 32117 Lab hours: Monday through Friday, 7am to 3:15pm | Ph: 386-676-7136 Fax: 386-676-7181 |
| Florida Health Care Plans Ormond Beach Laboratory Draw Station | 461 S. Nova Road., Ormond Beach, FL 32174 Lab hours: Monday through Friday, 6:30am to 3pm | Ph: 386-671-4337 Fax: 386-481-6185 |
| Florida Health Care Plans Orange City Laboratory Draw Station | 2777 Enterprise Road, Orange City, FL 32763 Lab hours: Monday through Friday, 6:30am to 4pm | Ph: 386-774-2550 Fax: 386-774-5667 |
| Florida Health Care Plans Palm Coast Laboratory Draw Station | 309 Palm Coast Parkway, Palm Coast, FL 32137 Lab hours: Monday through Friday, 7am to 3:30pm | Ph: 386-447-9685 Fax: 386-446-3222 |
| Florida Health Care Plans Palm Coast Laboratory Draw Station | 145 City Place, Palm Coast, FL 32164 Lab hours: Monday through Friday, 7am to 3:30pm | Ph: 386-302-0975 Fax: 386-302-0980 |
| Florida Health Care Plans Edgewater Laboratory Draw Station | 239 N. Ridgewood Avenue, Edgewater, FL 32132 Lab hours: Monday through Friday, 7am to 3:15pm | Ph: 386-427-4868 Fax: 386-481-6593 |
| Florida Health Care Plans Port Orange Laboratory Draw Station | 740 Dunlawton Avenue, Port Orange, FL 32127 Lab hours: Monday through Friday, 7am to 3pm | Ph: 386-763-1000, ext. 6312 Fax: 386-481-6386 |
| Quest Diagnostics Daytona Beach | 1663 N. Clyde Morris Boulevard, Suite 1, Daytona Beach, FL 32117 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm, Sat 7am-11am | Ph: 866-697-8378 Fax: 386-274-2510 |
| Quest Diagnostics Daytona Beville | 1500 Beville Road, Suite 601, Daytona Beach, FL 32114 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm | Ph: 866-697-8378 Fax: 386-255-2585 |

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LABORATORY SERVICES – ROUTINE AND STAT (2 of 4 pages)

No appointment is necessary at the locations listed below. FHCP requests that all members use these facilities and those on the prior and next pages for routine and STAT lab collections. Providers may make arrangements for specimen collection appointments with Quest Diagnostics by calling **888-277-8772** or online at www.QuestDiagnostics.com/appointments. Complete the Quest form and give to the patient to take to Quest at time of service.

PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING. See **GENETIC TESTING** in this document for instructions.

| | | |
|---|--|---------------------------------------|
| Quest Diagnostics New Smyrna Beach | 1996 State Road 44, New Smyrna Beach, FL 32168 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm | Ph: 866-697-8378 Fax: 386-868-5694 |
| Quest Diagnostics Ormond Beach | 372 W. Granada Boulevard, Ormond Beach, FL 32174 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm | Ph: 866-697-8378 Fax: 386-774-8239 |
| Quest Diagnostics Port Orange | 3863 South Nova Road, Port Orange, FL 32127 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm, Sat 7am-11am | Ph: 866-697-8378 Fax: 386-761-4416 |
| Quest Diagnostics Orange City | 2756 Enterprise Road., Orange City, FL 32763 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm, Sat 7am-11am | Ph: 866-697-8378 Fax: 386-774-8239 |
| Quest Diagnostics Deltona | 2783 Elkcarn Boulevard, Unit 208, Deltona, FL 32738 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm | Ph: 866-697-8378 Fax: 386-774-0255 |
| Quest Diagnostics Deltona 2 | 915 Doyle Road, Suites C4 & C5, Deltona, FL 32725 Lab hours: Mon-Fri 6:30am to 3:30pm, Drug screens M-F 6:30a to 3:30pm | Ph: 866-697-8378 Fax: 386-860-5067 |
| Quest Diagnostics Deltona 3 | 101 Howland Boulevard, Deltona, FL 32738 Lab hours: Mon-Fri 7am to 4pm, Sat 7am-2pm | Ph: 866-697-8378 Fax: 407-320-7044 |
| Quest Diagnostics Deland | 1702 N. Woodland Boulevard, Suite 108 & 110, Deland, FL 32720 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm, Sat 7am-11am | Ph: 866-697-8378 Fax: 386-734-7511 |

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LABORATORY SERVICES – ROUTINE AND STAT (3 of 4 pages)

No appointment is necessary at the locations listed below. FHCP requests that all members use these facilities and those on the prior two pages for routine and STAT lab collections.

PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING. See **GENETIC TESTING** in this document for instructions.

| These locations are HECN providers. | | |
|--|---|---------------------------------------|
| Halifax Health – Professional Building | 311 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 Lab hours: Monday through Friday, 6:30am to 4:15pm | Ph: 386-254-4128 Fax: 386-254-6833 |
| Countryside Professional Center | 1185 Dunlawton Avenue, Port Orange, FL 32127 Lab hours: Mon-Thurs, 6:30am to 3:45pm, Friday, 6:30am to 12:00pm | Ph: 386-947-4655 Fax: 386-947-4658 |
| Twin Lakes Medical Center Halifax Health Outpatient Lab | 1890 LPGA Boulevard, Suite 200, Daytona Beach, FL 32117 Lab hours: Mon-Fri, 7am to 11:30am | Ph: 386-425-3234 Fax: 386-425-3240 |
| Halifax Health Ormond Beach | 1688 W. Granada Boulevard, Ormond Beach, FL 32174 Lab hours: Monday through Friday, 7am to 12 noon | Ph: 386-615-4405 Fax: 38-676-1391 |

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LABORATORY SERVICES – ROUTINE AND STAT (4 of 4 pages)

For STAT labs needed when all draw stations are closed, please send the FHCP member to the closest contracted hospital listed below with lab orders in hand.

PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING. See **GENETIC TESTING** in this document for instructions.

| | | |
|---------------------------------------|--|---------------------------------------|
| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-254-4303 Fax: 386-254-4113 |
| | 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-4700 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 Fax: 386-424-5007 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-917-5000 |
| AdventHealth Daytona Beach #00Y015 | 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Ph: 386-231-3034 Fax: 386-676-6077 |

LABORATORY SERVICES – IN-HOME

Prior authorization from FHCP Central Referrals is not needed. The requesting provider may call the selected facility below for information and instructions.

| | | |
|--|---|---------------------------------------|
| Independent Phlebotomy Services, Inc. provides home phlebotomy/lab draw services to FHCP members residing in Volusia, Flagler, and Seminole Counties. Provider should document homebound status or taxing physical effort to receive services at an outpatient laboratory. | | |
| Independent Phlebotomy Services, Inc. #042041 | 977 Gardenia Drive, Daytona Beach, FL 32117 | Ph: 386-677-8338 Fax: 386-673-5729 |

LACTATION SERVICES & BREASTFEEDING CLASSES

Prior authorization from FHCP Central Referrals is not needed. FHCP members may self-refer to this specialty and may call to schedule an appointment without a referral from their provider.

| | | |
|-----------------------------|--|------------------|
| Breastfeeding Class | Halifax Health Medical Center 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-4000 |
| Better Breastfeeding | AdventHealth Deland 701 West Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4560 |

LITHOLINK SERVICE

PRIOR AUTHORIZATION IS REQUIRED. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Litholink assists in preventing recurrent stone formation in patients. They provide laboratory services, educational materials, and physician consultation services to FHCP members.

FHCP guidelines for Litholink services are:

- All children ages 18 and younger are eligible.
- Patients ages 18+ must have two documented episodes of nephrolithiasis in the last five years.
- Litholink services may be requested by FHCP PCPs, urologists, and nephrologists.

LOOP RECORDERS

PRIOR AUTHORIZATION IS REQUIRED. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

LYMPHEDEMA CLINICS – (1 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|---|---------------------------------------|
| Direct Physical Therapy #134892 Ages 4+ | 1015 N. Stone Street, Suite A, Deland, FL 32765 | Ph: 386-337-7750 Fax: 386-337-7751 |
| | 1495 S. Volusia Avenue, Suite 101, Orange City, FL 32763 | Ph: 386-401-6100 Fax: 386-960-0551 |
| REV Physical Therapy and Sports Medicine #125279 | 163 W. First Avenue, Pierson, FL 32180 | Ph: 386-749-0612 Fax: 386-738-3466 |
| REV Physical Therapy and Sports Medicine #154781 | 890 N. Boundary Avenue, Deland, FL 32720 Lymphedema Therapy Services Only | Ph: 386-738-3456 Fax: 386-738-3466 |

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LYMPHEDEMA CLINICS – (2 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Please see instructions on page 1 of 2.

| | | |
|---|--|---------------------------------------|
| Premier Physical Therapy & Sports Medicine Ages 18+ | 196 Vining Court, Ormond Beach, FL 32176 | Ph: 386-317-6444 Fax: 386-317-6445 |
|---|--|---------------------------------------|

IN-HOME LYMPHEDEMA SERVICES:

REQUIRES PRIOR AUTHORIZATION. Please see instructions on page 1 of 2.

| | | |
|---------------------------------------|--|---------------------------------------|
| AxiomHealth Management #087258 | 1180 Spring Centre South Blvd., Suite 225, Altamonte Springs, FL 32714 | Ph: 407-495-1165 Fax: 800-688-2049 |
|---------------------------------------|--|---------------------------------------|

MAGNETIC RESONANCE IMAGING (MRI) – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- GENETIC TESTING
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- HIDA (CHOLESCINTIGRAPHY) SCANS

FOR EXCEPTIONS NOTED ABOVE: Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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MAGNETIC RESONANCE IMAGING (MRI) – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **See page 1 of 3 pages for exceptions requiring prior authorization.**

| | | |
|--|---|---------------------------------------|
| AdventHealth Imaging Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| AdventHealth Fish Memorial Imaging #00YG34 (H) | 1055 Saxon Boulevard, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 (H) | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |
| Akumin #008160 (N) <i>Patients screened for mobility</i> | 1555 Saxon Boulevard, Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| Halifax Health Medical Center Imaging Daytona #00Y007 (H) | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-254-4070 Fax: 386-425-4356 |

Legend:

- **(H)** – Outpatient hospital department or facility
- **(N)** – Outpatient non-hospital department or facility

NOTE: *Out of pocket costs may vary, depending on location or benefit plan.*

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MAGNETIC RESONANCE IMAGING (MRI) – (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **See page 1 of 3 pages for exceptions requiring prior authorization.**

| | | |
|--|--|---------------------------------------|
| Halifax Health Port Orange Imaging Center #00Y007 (H) | 1041 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-4700 Fax: 386-425-4386 |
| Open MRI of Daytona #000297 (N) | 201 Bill France Boulevard, Daytona Beach, FL 32114 | Ph: 386-254-6800 Fax: 386-254-6995 |
| Port Orange Imaging Center #10P730 (N) <i>Open MRI also available.</i> <i>Will not schedule SNF patients.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Radiology Associates Imaging Deltona #083163 (N) | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-259-5959 Fax: 386-259-5999 |
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| SimonMed Imaging #042277 (N) | 1639 Noth Volusia Avenue, Orange City, FL 32763 | Ph: 386-774-7226 Fax: 386-774-7227 |
| Twin Lakes Imaging Center #10P735 (N) <i>Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

NOTE: Out of pocket costs may vary, depending on location or benefit plan.

MAMMOGRAPHY - DIAGNOSTIC OR SCREENING – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| AdventHealth Medical Group Deland Victoria Medical Imaging #046572 (H) | 151 Victoria Commons Boulevard, Deland, FL 32724 | Ph: 386-740-4020 Fax: 386-917-5576 |
| AdventHealth Medical Group Radiology at New Smyrna Beach #00Y010 (H) | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |
| Akumin #008160 (N) Patients screened for mobility | 1555 Saxon Boulevard, Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| Port Orange Imaging Center #10P730 (N) Will not schedule SNF patients. | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

NOTE: *Out of pocket costs may vary, depending on location or benefit plan.*

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MAMMOGRAPY – DIAGNOSTIC OR SCREENING – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|--|---------------------------------------|
| Radiology Associates Daytona Beach Shores #095634 (N) Mammography and Bone Density / DEXA services only | 3048 S. Atlantic Ave., Ste 102, Daytona Beach Shores, FL 32118 | Ph: 386-274-6000 Fax: 386-274-5095 |
| Radiology Associates Imaging Deltona #083163 (N) | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-259-5959 Fax: 386-259-5999 |
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| Radiology Associates Port Orange West #100543 (N) Mammogram and Bone Density / DEXA services only | 5440 S. Williamson Boulevard, Suite 102, Port Orange, FL 32128 | Ph: 386-274-6000 Fax: 386-274-5095 |
| SimonMed Imaging #042277 (N) | 1639 Noth Volusia Avenue, Orange City, FL 32763 | Ph: 386-774-7226 Fax: 386-774-7227 |
| Twin Lakes Imaging Center #10P735 (N) Will not schedule SNF patients. | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

NOTE: *Out of pocket costs may vary, depending on location or benefit plan.*

MEDICATIONS

If a medication REQUIRES PRIOR AUTHORIZATION, or is not listed in the formulary, the provider must submit a request on the “[FHCP Prior Authorization Medication Form](#).” Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and notify you of their decision.

ALL FHCP MEDICATION FORMULARIES AND AUTHORIZATION FORMS ARE AVAILABLE ONLINE at [FHCP Medication Formularies](#).

MOBILE IMAGING SERVICES

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Mobile imaging services include:

- Doppler studies
- EKGs
- Ultrasound exams with interpretation
- Vascular ultrasound exams with interpretation
- X-rays
- 24-hour Holter monitor exams with interpretation

The member must be institutionally bound for approval of mobile imaging services (i.e., skilled nursing facility or homebound). If the patient can be transported to the nearest FHCP facility for the same imaging exam, then the facilities below cannot be utilized. Medicare guidelines are also applicable when determining if an FHCP Medicare member may qualify for mobile imaging services.

| | | |
|---|---|---------------------------------------|
| Atlantic Mobile Imaging Services, Inc. #109230 Ages 18+ | 1400 Hand Avenue, Suite A, Ormond Beach, FL 32174 | Ph: 386-239-8270 Fax: 386-239-8273 |
|---|---|---------------------------------------|

NEPHROLOGY (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Vinayak V. Purandare, MD #000778 Established patients only. Prathap Simhadri, MD #049827 Ages 18+ Send records prior to scheduling. | AdventHealth Medical Group Nephrology at Daytona Beach 305 Memorial Medical Parkway, Suite 507, Daytona Beach, FL 32117 | Ph: 386-672-8595 Fax: 386-677-4987 |
| Luke Basdeo, MD #086580 Maulik Govani, MD #094742 Ages 18+ | Daytona Beach Nephrology, LLC 544 Health Boulevard, Daytona Beach, FL 32114 125 Florida Memorial Pkwy, Suite 2300, New Smyrna Beach, FL 32168 | All locations: Ph: 386-304-8302 Fax: 386-304-8204 |
| J. Peter Singh, MD #001889 Ages 18+ | East Coast Nephrology Associates, LLC 335 Clyde Morris Boulevard, Suite 260, Ormond Beach, FL 32174 | Ph: 386-672-4001 Fax: 386-672-4006 |
| Volodymyr Chornyy, MD #080634 Rohan Desai, MD #011664 Ishmeet Walia, MD #149125 Ages 18+ | Florida Kidney and Hypertension Specialists, PA 2877 Wellness Avenue, Orange City, FL 32720 213 S. Alabama Avenue, Deland, FL 32720 | Ph: 386-668-4650 Fax: 386-668-4649 Ph: 386-279-0081 Fax: 386-668-4649 |
| Christopher Mai, MD #010475 Ages 19+ | 821 State Road 44, New Smyrna Beach, FL 32168 | Ph: 386-427-3767 Fax: 386-423-2516 |

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NEPHROLOGY (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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|---|---|---------------------------------------|
| Fuad Afzal, MD #143665 Sayed Hussain, MD #067746 Ages 18+ | Mid Florida Kidney and Hypertension Care 2541 S. Volusia Avenue, Suite 300, Orange City, FL 32763 | Ph: 407-265-2540 Fax: 407-265-9167 |
| Jorge Castaneda, MD #149464 | NCCC of Volusia 1055 North Dixie Freeway, Suite 1, New Smyrna Beach, FL 32168 | Ph: 386-423-0505 Fax: 386-423-0515 |
| Jaideep Hoskote, MD #101719 Ages 18+ | Nephrology Consultants, PA 544 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-258-6522 Fax: 386-254-8803 |
| Sajid Latif, MD #005982 Ages 18+ Send records prior to scheduling. | Renal Care Consultants, PL 4641 S. Clyde Morris Boulevard, Suite 201, Port Orange, FL 32129 | Ph: 386-322-6340 Fax: 386-322-6212 |
| Abdul Jumani, MD #011821 Ages 18+ | Volusia Renal Consultants 4645 S. Clyde Morris Boulevard, Suite 208, Port Orange, FL 32129 | Ph: 386-295-6601 Fax: 386-492-1174 |

NEUROLOGY (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
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| Mary J. Derbenwick, MD #000693 Ages 12+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-3244 Fax: 386-238-3269 |
| Brahmananda R. Yadlapalli, #089276 Ages 18+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Palm Coast 315 Palm Coast Parkway NE, Suite 4, Palm Coast, FL 32137 Florida Health Care Plans Ormond Beach 300 Clyde Morris Boulevard, Ormond Beach, FL 32174 | Ph: 386-445-7073 Fax: 386-246-3839 Ph: 386-317-8620 Fax: 386-317-8625 |
| Mays Al-Ani, MD #137636 <i>(Established patients only)</i> All ages | AdventHealth Medical Group Neurology at Deland 742 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-3190 Fax: 386-738-7629 |
| Mirza Beg, MD #037398 Alyn Benezette, DO #003692 Paul Schmidt, MD #011979 Jeremy Grimes, MD #152091 <i>Established patients only. Ages 16+</i> | Coastal Neurology 725 W. Granada Boulevard, Suite 22, Ormond Beach, FL 32137 | Ph: 386-788-2300 Fax: 386-944-6622 |
| Ramit Panara, MD 037613 Sampathkumar Shanmugham, MD #006807 Nitesh Shekhadia, MD #010451 Ages 18+ | Florida Neurology, PA 2445 S. Volusia Avenue, Orange City, FL 32763 | Ph: 386-218-6867 Fax: 386-218-6870 |

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NEUROLOGY (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---------------------------------------|
| Mandeep Garewal, MD #011986 Ages 25+ | Neurologic Consultants 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-676-6335 Fax: 386-256-7629 |
| Dalia Fulop, MD #133180 David McDonald, MD #002373 Tina Nigam, MD #151068 James A. Scott, MD, PhD #005198 Ages 18+ Fax records to 386-676-6348 prior to scheduling. | Neurology Associates of Ormond Beach 8 Mirror Lake Drive, Ormond Beach, FL 32174 | Ph: 386-673-2500 Fax: 386-673-3204 |
| Deepak Tikku, MD #011898 Ages 18+ | Neurology Center of Central Florida 2808 Enterprise Road, Suite 104, Debary, FL 32713 | Ph: 386-624-6900 Fax: 386-624-6993 |
| Vincente Trapani, MD #038366 Ages 18+ | NDC of Volusia 1055 N. Dixie Freeway, Suite 1, New Smyrna Beach, FL 32167 | Ph: 386-423-0505 Fax: 386-423-0515 |

NEUROPSYCHOLOGICAL TESTING

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Please note that neuropsychological evaluation services do not require prior authorization.

NUTRITIONAL EDUCATION SERVICES

Prior authorization from the FHCP Central Referrals Department is not needed. Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Nutrition & Health Education at **386-238-3228**. Patients may also self-refer, but a provider referral is encouraged.

Services provided include, but are not limited to:

- Eating disorders such as anorexia, bulimia, and obesity
- Food allergies
- Hyperlipidemia
- Chronic kidney disease
- Peg tube feedings
- Carbohydrate counting
- Diabetes education (please see the *Diabetes Education* section in this document)
- Medical nutrition therapy
- Weight management

| | | |
|---|--|---------------------------------------|
| Deborah Kelleher, MS, RDN, LDN Kathleen MacNeill, MSN, RN, BC-ADM, CDCES Tiffany McClure, RDN, LDN Catherine Robinson, MS, RDN, LDN, CDCES Adults only. | FHCP Nutrition & Health Education Department 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114 Class locations include: Daytona Beach, Titusville, Lake Mary, St. Augustine, and other FHCP Centers in Flagler, Seminole, Brevard, and Volusia Counties as needed. Classes may also be held on an individual basis, depending on need. | Ph: 386-676-7133 Fax: 386-238-3228 |
|---|--|---------------------------------------|

OBSTETRICS (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. FHCP members may directly call the selected provider below to schedule an appointment. A provider's order is not necessary.

| | | |
|---|---|---------------------------------------|
| Pamela Carbiener, MD #000170 Patricia C. Esquivel, MD #049161 Sarah Marino, MD #135184 Maria Novoa, MD #111183 Zachary Tyser, MD #063216 Ages 10+ | Halifax OB/Gyn Associates 1890 LPGA Boulevard, Suite 160, Daytona Beach, FL 32117 | Ph: 386-252-4701 Fax: 386-253-9410 |
| Ricardo J. Larrain, MD #001855 All ages | 800 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-736-1404 Fax: 386-736-1423 |
| Cynthia Baldwin, MD #011160 Christine DaSilva, MD #107457 John Meyers, MD #006366 All ages | OB/Gyn Health Center 769 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 533 N. Clyde Morris Boulevard, Ste. A, Daytona Beach, FL 32114 | Ph: 386-258-0123 Fax: 386-258-6464 |
| David Ossin, MD #119784 | Osceola Surgical Associates 2728 Enterprise Rd., Ste. 100, Orange City, FL 32763 | Ph: 407-751-2868 Fax: 407-868-8498 |

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OBSTETRICS (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. FHCP members may directly call the selected provider below to schedule an appointment. A provider's order is not necessary.

| | | |
|--|--|---------------------------------------|
| Hussain Esmail Rawji, MD #045908 Ages 15+ | 850 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-337-3190 Fax: 844-766-1845 |
| Meetesh Desai, MD #112690 Ted. E. Robertson, MD #10Q518 Ages 18+ | Volusia Obstetrics & Gynecology 3641 S. Clyde Morris Boulevard, Suite 100, Port Orange, FL 32129 | Ph: 386-252-5858 Fax: 386-252-4477 |

See also ***BIRTH CENTERS*** and ***HOME BIRTH SERVICES***.

OCULAR PROSTHETICS LAB

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Services include:

- Evaluation for ocular prosthesis/artificial eye
- Fabrication and fitting of ocular prosthesis
- Polishing and resurfacing of ocular prosthesis. FHCP does not require prior authorization for polishing and resurfacing if Medicare guidelines are met. Any services above the Medicare standard number of units per year will require prior authorization.

| | | |
|-------------------------------------|---|---|
| Ocular Prosthetics Lab, Inc. | 595 W. Granada Boulevard, Suite H, Ormond Beach, FL 32174 | Ph: 407-246-5451 Ph: 888-578-4788 Fax: 407-246-0222 |
|-------------------------------------|---|---|

ONCOLOGY – MEDICAL/HEMATOLOGY – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Medical/Hematology Oncology Therapy requires prior authorization for FHCP Commercial members.** See that section in this document for information.

| | | |
|---|---|---|
| Aruna Arekapudi, MD #149475 Andrea Katz, MD #151670 Ages 18+ | AdventHealth Medical Group 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5038 Fax: 386-424-5081 |
| Christopher Alexander, DO #002456 Ernesto Bustinza-Linares, MD #047974 Kerwin Cumberbatch, MD # 150847 Paul Dodd III, MD #002284 Kathleen Doughney, MD #003384 Robert Ferdman, MD #148789 Eric Gershman, MD #10R534 Shemin Gupta, MD #038068 Eric M. Harris, DO #043960 Mudussara Khan, MD #037471 Victor W. Melgen, MD #006583 Padmaja Sai, MD #011934 Dipali Trivedi, MD #052859 Lynn Van Ummersen, MD #10J831 Bhanu Visvalingam, MD #011770 Ages 18+ | Florida Cancer Specialists & Research Institute 325 Clyde Morris Boulevard, Suite 450, Ormond Beach, FL 32174 1726 Dunlawton Avenue, Port Orange, FL 32127 224 Memorial Parkway, Suite 300, Daytona Beach, FL 32117 61 Memorial Medical Parkway, Suite 2812, Palm Coast, FL 32164 1 Memorial Medical Parkway, Suite 200, Palm Coast, FL 32164 765 Image Way, Orange City, FL 32763 810 N. Spring Garden Avenue, Suite 100, Deland, FL 32720 | Ph: 386-673-2442 Fax: 855-783-0488 Ph: 386-767-6977 Fax: 386-767-6786 Ph: 386-231-4060 Fax: 386-615-9119 Ph: 386-586-1860 Fax: 855-774-5701 Ph: 386-586-1860 Fax: 386-586-1861 Ph: 386-774-7411 Fax: 866-447-0371 Ph: 386-943-9446 Fax: 386-943-9385 |

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ONCOLOGY – MEDICAL/HEMATOLOGY – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Medical/Hematology Oncology Therapy requires prior authorization for FHCP Commercial members.** See instructions in the *Oncology – Medical Hematology Therapy* sections of this document.

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| Murty Andavolu, MD #072379 Boon Y. Chew, MD #011075 Cesar De La Casas, MD #126596 Ruby Anne Deveras, MD #011371 Zafar Latif, MD #10X841 Thuy K. Le, MD #124236 Kelly Molpus, MD #011164 Abdul Sorathia, MD #002958 Tabitha Townsend, MD #066013 Richard Weiss, MD #003903 Ages 18+ | Halifax Health Cancer Centers for Hope 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 1688 W. Granada Boulevard, Ormond Beach, FL 32174 1185 Dunlawton Avenue, Suite 104, Port Orange, FL 32127 3300 Halifax Crossing Boulevard, Deltona, FL 32725 | Ph: 386-425-4212 Fax: 386-425-4214 Ph: 386-425-4400 Fax: 386-425-7536 Ph: 386-425-4750 Fax: 386-425-4751 Ph: 386-425-6700 Fax: 386-425-6704 |
| Bushra Ajaz, MD #063566 Rene Cabeza, MD #002283 Daniel Castro, MD #125183 Zhenisa Hysenaj, MD #155777 Atif Khan, MD #147971 Santosh Nair, MD #011306 Gregory Ortega, MD #003181 Wandaly Pardo-Ruiz, MD #079007 Beatrice Alvarado Roberts, MD #150701 Neeraj Sharma, MD #009958 Devaki Siva, MD #155776 Ages 18+ | Mid-Florida Hematology & Oncology Center, PA 2776 Enterprise Road, Suite 100 Orange City, FL 32763 805 N. Spring Garden Avenue, Deland, FL 32720 <i>Referral fax: 386-774-1314</i> | Ph: 386-774-1223 Fax: 386-774-4658 Ph: 386-734-1013 Fax: 386-774-4658 |

ONCOLOGY – MEDICAL/HEMATOLOGY THERAPY – NON-MEDICARE MEMBERS ONLY

PRIOR AUTHORIZATION IS REQUIRED FOR NON-MEDICARE MEMBERS ONLY. Authorization should be requested through Carelon Specialty Health through their secure web portal at www.providerportal.com or by calling **844-423-0881**.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

ONCOLOGY – MEDICAL/HEMATOLOGY THERAPY – MEDICARE MEMBERS

Prior Authorization from FHCP Central Referrals is not needed for Medicare members to schedule appointments or for the administration of **medication therapy**. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

However, Prior Authorization for the drug being administered may be needed. Refer to the FHCP Medicare Comprehensive Formulary to determine if Prior Authorization is needed for the ordered drug at <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/>. If authorization is determined to be needed The requesting provider will send a **prior authorization request, with supporting documentation, to the FHCP Central Referrals Department by faxing to 386-238-3253.**

ONCOLOGY – RADIATION – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed for radiation oncology consultation services. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Radiation therapy requires prior authorization.** See instructions in the *Oncology – Radiation Therapy* section of this document on the next page.

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| Alvaro Alvarez-Farinetti, MD #011745 Jeffrey Brabham, MD #061713 David Diamond, MD #061714 Brad Factor, MD #011613 Ronald J. Krochak, MD #048160 Kelly LaFave, MD #053440 Ages 18+ | Halifax Health Cancer Centers for Hope 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 1688 W. Granada Boulevard, Ormond Beach, FL 32174 1185 Dunlawton Avenue, Suite 104, Port Orange, FL 32127 | Ph: 386-254-4212 Fax: 386-425-4214 Ph: 386-425-4480 Fax: 386-425-7536 Ph: 386-425-4750 Fax: 386-425-4751 |
| Alan Forbes, MD #060347 Gary Graham, MD #011581 Ages 18+ | Mid-Florida Hematology & Oncology Center, PA 2776 Enterprise Road, Suite 100, Orange City, FL 32763 658 Oviedo Medical Drive, Oviedo, FL 32765 | Ph: 386-774-1223 Fax: 386-774-4658 Ph: 407-901-9076 Fax: 407-901-9075 |

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ONCOLOGY – RADIATION (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed for radiation oncology consultation services. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Radiation therapy requires prior authorization.** See instructions in the *Oncology – Radiation Therapy* section of this document, below.

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| <p>Irfan Ahmed, MD #053690 Kasra Badiozamani, MD #118907 Shiv Desai, MD #075941 Afshin Forouzannia, MD #048103 Mark Harvey, MD #047586 Charles Hodge, MD #047587 Catherine Hwang, MD #048089 Shravan Kandula, MD #050369 Shivam Kharod, MD #137311 Joyson Kodiyan, MD #145354 Carlos Lopez, MD #101864 Sheilaine Mabanta, MD #098911 Imran Mohiuddin, MD #112789 Amber Orman, MD #080541 John Reilly Jr., MD #089437 Ravi Shridhar, MD #10S463 Bronwyn Stall, MD #137313 All ages</p> | <p>AdventHealth Medical Group Radiation Oncology Specialists 224 Memorial Medical Parkway, Daytona Beach, FL 32117</p> <p>680 Peachwood Drive, Deland, FL 32720</p> <p>401 Palmetto Street, New Smyrna Beach, FL 32168</p> <p>60 Memorial Medical Parkway, Palm Coast, FL 32164</p> | <p>Ph: 386-231-4061 Fax: 386-672-4960</p> <p>Ph: 386-943-7160 Fax: 386-738-6824</p> <p>Ph: 386-424-6327 Fax: 386-424-6315</p> <p>Ph: 386-586-2060 Fax: 386-586-4659</p> |
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ONCOLOGY – RADIATION THERAPY

Prior authorization required. Please request authorization through Carelon Specialty Health at www.providerportal.com or by calling **844-423-0881**.

OPHTHALMOLOGY – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Todd Geis, MD #000091 F. Harold Kushner, MD #000007 All ages Annemarie N. Etienne, MD #10H655 Asher Neren, MD #099400 Ages 12+ Health Information Management Fax: 386-481-5009 <i>Neuro-ophthalmology services performed at FHCP</i> <i>Ophthalmology do not require prior authorization.</i> | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Boulevard, Suite 210, Daytona Beach, FL 32114 Florida Health Care Plans Palm Coast 315 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-676-7103 Fax: 386-676-7186 Ph: 386-676-7103 Fax: 386-447-7536 |
| Douglas Lieb, MD #058396 <i>EPN Triple Option members only</i> Ages 10+ | Advanced Retina Associates 1053 Medical Center Drive, Suite 251, Orange City, FL 32763 900 Swallowtail Road, Suite H-108, Port Orange, FL 32129 | Both locations: Ph: 386-456-0210 Fax: 386-456-0219 |
| Kevin Barber, MD #10A214 Brian Jones, OD #090705 Arian Moses, MD #150337 Ryan Scruggs, MD #041904 Bao Truong, MD #100956 Ages 13+ <i>Office-based surgeries are approved for non-Medicare members only.</i> | Central Florida Eye Specialists 1592 S. SR 15-A, Deland, FL 32720 2715 Rebecca Lane, Orange City, FL 32763 | Ph: 386-734-2931 Fax: 386-734-2939 Ph: 386-917-0404 Fax: 386-917-0584 |

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OPHTHALMOLOGY - (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Margaret DiGaetano, MD #003912 Itza Acevedo-Ojeda, MD #071473 James Li, MD #148867 All ages <i>EPN Triple Option members only</i> | DiGaetano Cataract Services 505 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-255-5050 Fax: 386-255-5029 |
| Eric Cohn, DO #002496 Craig Cole, MD #075114 Eric Feinstein, MD #078097 Matthew K. George, MD #069925 Becca Landis, MD #151184 Gokul Kumar, MD #064200 Huberto Perez, MD #10B846 Farhad Safi, MD #137217 Ages 10+ | Florida Eye Surgeons and Associates 2850 Wellness Avenue, Orange City, FL 32763 | Ph: 386-574-0700 Fax: 386-574-1139 |
| Robert Cordero, MD #151379 Nishita Patel, MD #049665 Ages 5+ HECN Members Only | Halifax Health Center for Ophthalmology 517 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-0393 Fax: 386-253-3484 |
| Kenzo Koike, MD #002358; Ages 16+ Huberto Perez, MD #085992 Mark Rubin, MD #004156 All ages <i>EPN Triple Option members only</i> | International Eye Associates 1545 Hand Avenue, Suite B3, Ormond Beach, FL 32174 | Ph: 386-673-3939 Fax: 386-677-5374 |

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OPHTHALMOLOGY - (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Joah Aliancy, MD #123397 Qing Ge, MD #011716 Ashley Royce, OD #044334 Kyle Bettis, OD #075051 All ages <i>EPN Triple Option members only</i> | Premier Eye Clinic 3641 S. Clyde Morris Boulevard, Suite 500, Port Orange, FL 32129 1425 Hand Avenue, Suite N, Ormond Beach, FL 321174 | Ph: 386-788-6198 Fax: 386-788-4616 Ph: 386-673-3344 Fax: 386-672-1854 |
| Ruston Hess, DO #128586 Rory Myer, MD #037965 Mark Kennedy, MD #001302 Timothy Root, MD #101711 (established patients only) Joseph Zobian, MD #008480 All ages <i>EPN Triple Option members only</i> | Tomoka Eye Associates 790 Dunlawton Avenue, Suite A, Port Orange, FL 32127 345 Clyde Morris Boulevard, Suite 330, Ormond Beach, FL 32174 21 Hospital Drive, Suite 160, Palm Coast, 32174 | Ph: 386-767-0053 Fax: 386-767-3490 Ph: 386-672-4244 Fax: 386-672-0603 Ph: 386-586-3711 Fax: 386-586-3788 |
| Samantha Habhab, MD #134253 Robert Routh, MD #038022 <i>Ages on a case-by-case basis</i> | Volusia Eye Associates 415 N. Causeway, New Smyrna Beach, FL 32169 602 Indian River Boulevard, Suite 1, Edgewater, FL 32132 | Ph: 386-427-4143 Fax: 386-427-0711 Ph: 386-402-7328 Fax: 386-410-2074 |

OPHTHALMOLOGY – CORNEAL SPECIALISTS

REQUIRES PRIOR AUTHORIZATION FROM FHCP OPHTHALMOLOGY. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to **FHCP OPHTHALMOLOGY** (not Central Referrals) at **386-676-7186**. FHCP Ophthalmology will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Ophthalmology Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Ophthalmology Department at 386-676-7103** to discuss urgent cases with a clinician, rather than faxing the request to the FHCP Ophthalmology Department.

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| Huberto Perez, MD #10B846 Ages 10+ | Florida Eye Surgeons and Associates 2850 Wellness Avenue, Orange City, FL 32763 | Ph: 386-574-0700 Fax: 386-574-1139 |
| Rory Myer, MD #037965 Ages 18 months + | Tomoka Eye Associates 790 Dunlawton Avenue, Suite A, Port Orange, FL 32127 345 Clyde Morris Boulevard, Suite 330, Ormond Beach, FL 32174 21 Hospital Drive, Suite 160, Palm Coast, FL 32164 | Ph: 386-767-0053 Fax: 386-767-3490 Ph: 386-672-4244 Fax: 386-672-0603 Ph: 386-586-3711 Fax: 386-586-3788 |

OPHTHALMOLOGY – RETINAL SPECIALISTS

Only an ophthalmologist can make referrals for Retinal Services. Prior authorization from FHCP Central Referrals is not needed. The requesting ophthalmologist will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Farhad Safi, MD #127461 Karl Waite, MD #128153 Ages 18+ | Central Florida Retina 529 Health Boulevard, Daytona Beach, FL 32114 741 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-254-1951 Fax: 386-239-958 Ph: 386-254-1951 Fax: 386-845-0241 |
| Thomas Barnard, MD #003338 Alexander Barnes, MD #148551 Thalmon R. Campagnoli, MD #152270 Matthew Cunningham, MD #037521 Kyle Fallgatter, MD #151277 Samuel Houston III, MD #148911 Abdallah Jeroudi, MD #061674 Nisarg Joshi, MD #134762 (Ages 5+) Jaya Kumar, MD #069548 Elias Mavrofrides, MD #011098 James Staman, MD #000490 Jonathan A. Staman, MD #037523 Benjamin Thomas, MD #148687 All ages | Retina Group of Florida 564 Health Boulevard, Daytona Beach, FL 32114 424 Treemonte Drive, Orange City, FL 32763 50 Leanni Way, Suite E-5, Palm Coast, FL 32137 | Ph: 386-258-5777 Fax: 386-239-8984 Ph: 386-775-9909 Fax: 386-775-7344 Ph: 386-447-1847 Fax: 386-447-1848 |

OPHTHALMOLOGY – OTHER

SERVICES LISTED BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

- OCULARIST / OCULOPLASTIC SPECIALIST
- NEURO-OPHTHALMOLOGY SERVICES
- ANY OPHTHALMOLOGY PROVIDER NOT LISTED IN THIS REFERRAL GUIDE

OPTOMETRY (1 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

Optometry services are available to members who have an eligible Vision Benefit as part of their plan.

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| Michael Cady, OD #000468 Jay Keesling, OD #109989 Edward Sheplan, OD #147954 Ages 5+ For Vision Benefit Plan only. | 20/20 Vision Center 1425 Hand Ave. Ste. A, Ormond Beach, FL 32174 | Ph: 386-673-2020 Fax: 386-672-1099 |
| Gregory Blahnik, OD #000504 Suzette Blahnik, OD #000505 Evan Criscio, OD #134706 Ages 3+ For Vision Benefit Plan only. <i>EPN Triple Option members only</i> | Blahnik Eye Care 3740 S. Ridgewood Avenue, Port Orange, FL 32127 | Ph: 386-492-6999 Fax: 386-492-6900 |
| Jennifer Hill, OD #125506 All ages For Vision Benefit plan only. <i>EPN Triple Option members only</i> | DiGaetano Cataract Services 505 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-255-5050 Fax: 386-255-5029 |

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OPTOMETRY (2 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

Optometry services are available to members who have an eligible Vision Benefit as part of their plan.

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| Thomas Chwe, OD #154229 Jacqueline Escobar, OD #147454 Stefanie Fernandez, OD #148902 Nikki Gonzalez, OD #147057 Margaret Harrington, OD #088382 Chequita Hilversum, OD #147463 Audrey Lyons, OD #147461 Jush Patel, OD #144927 Vicki Lauer, OD #149413 Jacob Yates, OD #156318 Ages 4+ Nicola Granger, OD #058566 Charles Heacock, OD #10X271 Philip L. Stephens, OD #10X278 Jeffrey L. Timko, OD #10X268 All Ages For Vision Benefit plan only. | MyEyeDr Optometry of Florida 524 Canal Street, New Smyrna Beach, FL 32168 840 N. Stone Street, Deland, FL 32720 15 Cypress Branch Way, Suite 206, Palm Coast, FL 32137 | Ph: 386-423-5190 Fax: 386-423-1490 Ph: 386-734-1766 Fax: 386-740-4866 Ph: 386-445-1880 Fax: 386-445-8796 |
| Kirsten Wilgers, OD #154325 For Vision Benefit plan only. Ages 3+ | NSB Eye 406 Palmetto Street Ste. A, New Smyrna Beach, FL 32168 | Ph: 386-222-2393 Fax: 386-269-8437 |

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OPTOMETRY (3 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice.

Member may call to schedule an appointment at their convenience without an order from a physician.

Optometry services are available to members who have an eligible Vision Benefit as part of their plan.

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| Jeffrey R. Timko, OD #10U996 | Total Vision Deland 141 Victoria Commons Blvd., Ste. 101, Deland, FL 32724 | Ph: 386-271-0991 Fax: 386-469-9272 |
| Alyssa Perlman-Hensen, OD #153655 Ages 3+ Nicola J. Granger, OD #058542 Kirsten Wilgers, OD #010470 Brian Peterson, OD #071913 For Vision Benefit plan only. All Ages | Total Vision Port Orange 5820 S. Williamson Boulevard, Unit 106, Port Orange, FL 32128 | Ph: 386-767-4449 Fax: 386-767-1980 |
| Lindsey Hutchinson, OD #145214 Mark Kennedy, MD #001302 Thomas Kline, OD #10Q440 Timothy Root, MD #10I711 (Established patients only) Karin Schoeler, OD #10C519 Alan Spertus, MD #004154 Joseph Zobian, MD #008480 All ages For Vision Benefit plan only. <i>EPN Triple Option members only</i> | Tomoka Eye Associates 790 Dunlawton Avenue, Suite A, Port Orange, FL 32127 345 Clyde Morris Boulevard, Suite 330, Ormond Beach, FL 32174 21 Hospital Drive, Suite 160, Palm Coast, 32174 | Ph: 386-767-0053 Fax: 386-767-3490 Ph: 386-672-4244 Fax: 386-672-0603 Ph: 386-586-3711 Fax: 386-586-3788 |

ORAL SLEEP APNEA APPLIANCES

PRIOR AUTHORIZATION IS REQUIRED. Patient must have a sleep apnea evaluation with sleep studies prior to submitting your request. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member’s appointment.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Providers do not render sleep studies.

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| John Kulaga, DDS #10AL53 No longer providing TMJ services | White Wolf Dental 1221 Dunlawton Avenue, Suite 100, Port Orange, FL 32127 | Ph: 386-882-9900 Fax: 386-304-6401 |
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ORTHOPEDICS & SPORTS MEDICINE – NON-SURGICAL TREATMENT (1 of 2 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

Orthopedics and Sports Medicine involves non-surgical treatment of conditions or injuries of bones, joints, ligaments, tendons, and muscles. Services may include evaluation and management, splitting, casting, therapy, or injections. These providers have additional training in sports medicine and provide care to active people to prevent or treat sports-related injuries.

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| Gilberto Vega, MD #123028 <i>Limited availability</i> Ages 5+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Edgewater Sports Medicine 239 N. Ridgewood Avenue, Suite 3, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-427-6350 |
| Kyle Correll, MD #081941 Gilberto Vega, MD #123028 Ages 5+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Orange City Sports Medicine 2777 Enterprise Road, Suite 1, Orange City, FL 32763 | Ph: 386-774-2550 Fax: 386-774-5140 |
| Tyler Jay Staley, MD #10X029 Ages 5+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Daytona Beach Sports Medicine 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 | Ph: 386-238-3290 Fax: 386-238-3275 |
| Ron Rosenberg, MD #127062 Ages 6+ | AdventHealth Orthopedics at Daytona Beach & Sports Medicine at Port Orange 305 Memorial Medical Pkwy, Ste. 301, Daytona Beach, FL 32117 5821 S. Williamson Blvd., Ste. 103, Port Orange, FL 32128 | Ph: 386-231-4450 Fax: 386-231-4459 Ph: 386-231-2960 Fax: 386-231-2961 |

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ORTHOPEDICS & SPORTS MEDICINE – NON-SURGICAL TREATMENT (2 of 2 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. Any FHCP member may self-refer to their provider of choice.

Member may call to schedule an appointment at their convenience without an order from a physician.

Orthopedics and Sports Medicine involves non-surgical treatment of conditions or injuries of bones, joints, ligaments, tendons, and muscles. Services may include evaluation and management, splitting, casting, therapy, or injections. These providers have additional training in sports medicine and provide care to active people to prevent or treat sports-related injuries.

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| Halifax Family Health & Sports Medicine All ages Do not refer traumatic fracture, surgical orthopedic evaluations, pre-op evaluations, or second opinions. | 201 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32114 | Ph: 386-425-4165 Fax: 386-425-7545 |
| Brent Fulton, MD #10H439 All Ages HECN, BETHUNE-COOKMAN UNIVERSITY, and EPN TRIPLE OPTION MEMBERS | Trident Sports Medicine Rehabilitation 873 Hull Road, Unit 12, Ormond Beach, FL 32174 | Ph: 386-267-2965 Fax: 386-603-6007 |

OUTPATIENT REHABILITATION with Sub-specialties – (1 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

AQUATIC THERAPY

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| Blue Water Therapy | 916 N. Dixie Freeway, New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 866-239-9013 |
| | 699 N. Dixie Freeway, New Smyrna Beach, FL 32168 | Ph: 386-426-7885 Fax: 386-239-9013 |
| | 600 Eaton Road, Edgewater, FL 32132 | Ph: 386-426-7885 Fax: 386-239-9013 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |

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OUTPATIENT REHABILITATION with Sub-specialties – (2 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

BALANCE & VESTIBULAR THERAPY – (Page 1 of 3)

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|---|---|---------------------------------------|
| Ability Health Services & Rehabilitation | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-851-2426 |
| | 401 Venture Boulevard, Suite B, South Daytona, FL 32119 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 290 Clyde Morris Boulevard, Suite A-1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| | 10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164 | Ph: 386-264-6672 Fax: 386-264-6632 |
| | 294 Treemont Drive, Orange City, FL 32763 | Ph: 386-878-1200 Fax: 386-561-9284 |

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OUTPATIENT REHABILITATION with Sub-specialties – (3 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

BALANCE & VESTIBULAR THERAPY – (Page 2 of 3)

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| AdventHealth New Smyrna Beach | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 |
| Atlantic Hearing, Balance & Tinnitus Center All ages | 1680 Dunlawton Avenue, Port Orange, FL 32127 1400 Hand Avenue, Suite M, Ormond Beach, FL 32174 263 North Causeway, New Smyrna Beach, FL 32169 | Ph: 386-756-8225 Fax: 386-767-0742 Ph: 386-756-8225 Fax: 386-767-0742 Ph: 386-410-4399 Fax: 386-767-0742 |
| Direct Physical Therapy #134892 Ages 4+ | 1015 N. Stone Street, Suite A, Deland, FL 32765 1495 S. Volusia Avenue, Suite 101, Orange City, FL 32763 | Ph: 386-337-7750 Fax: 386-337-7751 Ph: 386-401-6100 Fax: 386-960-0551 |
| Professional Physical Therapy Ages 13+ | 1316 S. Ridgewood Avenue, Suite 1, Edgewater, FL 32132 | Ph: 386-423-0100 Fax: 386-428-8631 |
| REV Physical Therapy & Sports Medicine #125279 | 163 W. First Avenue, Pierson, FL 32180 | Ph: 386-749-0612 Fax: 386-738-3466 |

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OUTPATIENT REHABILITATION with Sub-specialties – (4 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

BALANCE & VESTIBULAR THERAPY – (Page 3 of 3)

| | | |
|---|---|---------------------------------------|
| Premier Physical Therapy & Sports Medicine Ages 18+ | 733 Dunlawton Avenue, Suites 103 & 104, Port Orange, FL 32127 | Ph: 386-756-0077 Fax: 386-756-6811 |
| | 2576 South Volusia Avenue, Suite 102 Orange City, FL 32763 | Ph: 386-774-4840 Fax: 386-473-7588 |
| | 1710 SR 44, New Smyrna Beach, FL 32168 | Ph: 386-410-2304 Fax: 386-957-3847 |
| | 196 Vining Court, Ormond Beach, FL 32176 | Ph: 386-317-6444 Fax: 386-317-6445 |
| | 752 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-439-0506 Fax: 386-439-0630 |
| | 495 South Nova Road, Ste. 113, Ormond Beach, FL 32174 | Ph: 386-677-4300 Fax: 386-615-9216 |

OUTPATIENT REHABILITATION with Sub-specialties – (5 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

HAND THERAPY SERVICES

| | | |
|---|--|---------------------------------------|
| Ability Health Services & Rehabilitation | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-851-2426 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| | 290 Clyde Morris Boulevard, Suite A1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| | 10 Cypress Point Pkwy., Unit 106, Palm Coast, FL 32164 | Ph: 386-264-6672 Fax: 386-264-6632 |
| Daytona Beach Hand Clinic | 3635 S. Clyde Morris Boulevard, Suite 300, Port Orange, FL 32129 | Ph: 386-258-8080 Fax: 386-258-8177 |

INCONTINENCE THERAPY

See **PELVIC HEALTH PROGRAMS**.

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OUTPATIENT REHABILITATION with Sub-specialties – (6 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

OCCUPATIONAL THERAPY

For Pediatric Occupational Therapy, see the sub-specialty under *PEDIATRIC THERAPY*.

Please indicate if therapy requested is a result of a motor-vehicle accident.

| | | |
|---|---|---------------------------------------|
| Ability Health Services & Rehabilitation | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-851-2426 |
| | 401 Venture Boulevard, Suite B, South Daytona, FL 32119 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 290 Clyde Morris Boulevard, Suite A-1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| | 10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164 | Ph: 386-264-6672 Fax: 386-264-6632 |

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OUTPATIENT REHABILITATION with Sub-specialties – (7 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

OSTEOPOROSIS / OSTEOPENIA PROGRAMS

| | | |
|--|--|---------------------------------------|
| Ability Health Services & Rehabilitation Members can call Ability directly for these services. No referral is needed. Copay/coinsurance and policy limits may apply. | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-851-2426 |
| | 401 Venture Boulevard, Suite C, South Daytona, FL 32119 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 290 Clyde Morris Boulevard, Suite A1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| | 10 Cypress Point Parkway, Unit 6, Palm Coast, FL 32164 | Ph: 386-264-6672 Fax: 386-264-6632 |
| | 294 Treemont Drive, Orange City, FL 32763 | Ph: 386-878-1200 Fax: 386-561-9284 |
| Professional Physical Therapy Ages 13+ | 1316 S. Ridgewood Avenue, Suite 1, Edgewater, FL 32132 | Ph: 386-423-0100 Fax: 386-428-8631 |

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OUTPATIENT REHABILITATION with Sub-specialties – (8 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

PEDIATRIC THERAPY & OCCUPATIONAL PEDIATRIC THERAPY

| | | |
|--|---|---------------------------------------|
| Speech Works Pediatric Therapy Pediatric Occupational Therapy Speech Therapy Referring physician should fax an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care. | 569 Health Boulevard, Suite 19, Daytona Beach, FL 32114 | Ph: 386-446-9935 Fax: 386-446-7777 |
| | 208 Booth Road, Suite B, Ormond Beach, FL 32174 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 808 Dunlawton Ave., Ste.4, Port Orange, FL 32127 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 521 W. New York Avenue, Deland, FL 32724 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 4 Office Park Dr., Unit 4, Palm Coast, FL 32137 | Ph: 386-763-0084 Fax: 386-763-0085 |

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OUTPATIENT REHABILITATION with Sub-specialties – (9 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please indicate if therapy is requested due to a motor vehicle accident.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

PHYSICAL THERAPY

| | | |
|---|--|---------------------------------------|
| Ability Health Services & Rehabilitation | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-851-2426 |
| | 401 Venture Boulevard, Suite C, South Daytona, FL 32119 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 290 Clyde Morris Boulevard, Suite A1, Ormond Beach, FL 32174 | Ph: 386-898-0443 Fax: 386-898-0459 |
| | 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 386-402-7459 |
| | 10 Cypress Point Parkway, Unit 6, Palm Coast, FL 32164 | Ph: 386-264-6672 Fax: 386-264-6632 |
| | 294 Treemont Drive, Orange City, FL 32763 | Ph: 386-878-1200 Fax: 386-561-9284 |
| Professional Physical Therapy Ages 13+ | 1316 S. Ridgewood Avenue, Suite 1, Edgewater, FL 32132 | Ph: 386-423-0100 Fax: 386-428-8631 |
| REV Physical Therapy & Sports Medicine #125279 | 163 W. First Avenue, Pierson, FL 32180 | Ph: 386-749-0612 Fax: 386-738-3466 |

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OUTPATIENT REHABILITATION with Sub-specialties – (10 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please indicate if therapy is requested due to a motor vehicle accident.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

PHYSICAL THERAPY – Continued

| | | |
|---|---|---------------------------------------|
| Speech Works Pediatric Therapy Pediatric Physical Therapy Referring physician should send an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care. | 569 Health Boulevard, Suite 19, Daytona Beach, FL 32114 | Ph: 386-446-9935 Fax: 386-446-7777 |
| | 208 Booth Road, Suite B, Ormond Beach, FL 32174 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 808 Dunlawton Ave., Ste.4, Port Orange, FL 32127 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 521 W. New York Avenue, Deland, FL 32724 | Ph: 386-763-0084 Fax: 386-763-0085 |
| | 4 Office Park Dr., Unit 4, Palm Coast, FL 32137 | |
| Brooks Rehabilitation Center HECN Members only | 201 N. Clyde Morris Boulevard, Suite 300, Daytona Beach, FL 32114 | Ph: 386-236-7017 Fax: 386-236-7018 |
| | 4701 City Center Parkway, YMCA Building, Port Orange, FL 32129 | Ph: 386-236-7010 Fax: 386-236-7002 |
| | 1180 W. Granada Boulevard, Suite C, Ormond Beach, FL 32174 | Ph: 386-898-0220 Fax: 386-898-0221 |
| | 820 Commed Boulevard, Orange City, FL 32763 | Ph: 386-775-7488 Fax: 386-775-9515 |

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OUTPATIENT REHABILITATION with Sub-specialties – (11 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

SPEECH THERAPY

| | | |
|---|--|--|
| Ability Health Services & Rehabilitation Limited appointments availability for speech therapy Adults ages 18+ only | 1565 Saxon Boulevard, Suite 301, Deltona, FL 32725 | Ph: 386-851-0901 Fax: 386-763-0085 |
| Marissa O' Neil, SLP #148485 Newborn to 18 | Beachside Speech Club Mobile Speech Therapy Services (Members Residence or School) | Ph: 386-320-6130 Fax: 386-777-3855 |
| Jamie Smith, SLP #064081 | Atlantic Ear, Nose, & Throat, PA 963 Town Center Drive, Suite 100, Orange City, FL 32763 1431 Orange Camp Road, Suite 112, Deland, FL 32724 | Ph: 386-774-9880 Fax: 386-774-2898 All locations |
| Florida Family Speech Therapy Ages 3+ | Mobile therapy services offered in member's residence or school setting only. | Ph: 407-358-0851 Fax: 407-358-0923 |

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OUTPATIENT REHABILITATION with Sub-specialties – (12 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

SPEECH THERAPY – Continued

| | | |
|--|---|---|
| <p>Speech Works Pediatric Therapy Pediatric Speech & Physical Therapy</p> <p>Referring physician should send an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care.</p> | <p>569 Health Boulevard, Suite 19, Daytona Beach, FL 32114</p> <p>208 Booth Road, Suite B, Ormond Beach, FL 32174</p> <p>808 Dunlawton Ave., Ste.4, Port Orange, FL 32127</p> <p>521 W. New York Avenue, Deland, FL 32724</p> | <p>Ph: 386-446-9935 Fax: 386-446-7777</p> <p>Ph: 386-763-0084 Fax: 386-763-0085</p> <p>Ph: 386-763-0084 Fax: 386-763-0085</p> <p>Ph: 386-763-0084 Fax: 386-763-0085</p> |
| <p>Brooks Rehabilitation</p> <p>HECN Members only</p> | <p>201 N. Clyde Morris Boulevard, Suite 300, Daytona Beach, FL 32114</p> <p>4701 City Center Parkway, YMCA Building, Port Orange, FL 32129</p> <p>1180 W. Granada Boulevard, Suite C, Ormond Beach, FL 32174</p> <p>820 Commed Boulevard, Orange City, FL 32763</p> <p>9 Pine Cone Drive, Suite 104-B, Palm Coast, FL 32137</p> | <p>Ph: 386-236-7017 Fax: 386-236-7018</p> <p>Ph: 386-236-7010 Fax: 386-236-7002</p> <p>Ph: 386-898-0220 Fax: 386-898-0221</p> <p>Ph: 386-775-7488 Fax: 386-775-9515</p> <p>Ph: 386-446-9716 Fax: 386-446-0046</p> |

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OUTPATIENT REHABILITATION with Sub-specialties – (13 of 13 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

VIDEOSTROBOSCOPY AND VOICE THERAPY EVALUATION

Services include:

- Laryngoscopy with stroboscopy
- Evaluation of speech, language, voice, and communication
- Laryngeal function studies (i.e., aerodynamic testing, acoustic testing)

Following the evaluation, patient will be sent to Ability Health Services and Rehabilitation for prescribed therapy program. Further evaluation will be made dependent upon patient needs.

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| Alina Lasrado, Au.D. #103320 Daniel Rothbaum, MD #011652 Devang Shah, MD #006370 Jamie Smith, SLP #064081 All ages | Atlantic Ear, Nose, & Throat 963 Town Center Drive, Suite 100, Orange City, FL 32763 1431 Orange Camp Road, Suite 112, Deland, FL 32724 | Both locations: Ph: 386-774-9880 Fax: 386-774-2898 |
|--|--|--|

PAIN MANAGEMENT (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed to see the providers listed below. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

PRIOR AUTHORIZATION IS REQUIRED for patients who wish to see any pain management provider *not* listed below. Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member's appointment.

| | | |
|--|--|---------------------------------------|
| Carmen Dominguez, MD #00014D Pervez Irandaz Iranpur, MD #001799 Mary Kathleen "Kathy" Lichtenwalter, MS, LMHC #01S109 | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Boulevard, 2 nd Floor, Daytona Beach, FL 32128 Health Information Management Fax: 386-481-5009 | Ph: 386-238-3226 Fax: 386-238-3260 |
| William R. Mayfield, MD #000082 Ages 18+ <i>EPN Triple Option members only</i> | Interventional Pain Services 201 N. Clyde Morris Boulevard, Suite 230, Daytona Beach, FL 32114 | Ph: 386-425-4029 Fax: 386-425-7720 |
| Richard Sims, MD #080912 All ages | Orthopedic Clinic of Daytona Beach, PA 17 Old Kings Road North, Suite K, Palm Coast, FL 32137 1865 LPGA Blvd. Daytona Beach, FL 32117 | Ph: 386-255-4596 Fax: 386-254-6819 |

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PAIN MANAGEMENT (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed to see the providers listed below. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

PRIOR AUTHORIZATION IS REQUIRED for patients who wish to see any pain management provider not listed below. Please complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member's appointment.

| | | |
|--|---|--|
| Rabinder Bhatti, MD #049566 Sanjay Bakshi, MD #101747 Arun G. Joseph, MD #042425 Rathi Joseph, DO #044330 Vinod K. Malik, MD #102405 Neil Nagda, MD #151815 Robert Sawyer, MD # 149189 Quyen V. Truong, MD #095686 Himabindu Gandam Venkata, MD #096765 Atef Wasef, MD #148623 Ages 18+ Send records prior to scheduling. | PRC Alliance 1165 Dunlawton Avenue, Suite 101, Port Orange, FL 32127 2720 Rebecca Lane, Suite 104, Orange City, FL 32763 1671 North Clyde Morris Blvd, Suite 100, Daytona Beach, FL 32117 750 W. Plymouth Ave., Ste. B, Deland, FL 32720 | Ph: 386-760-0815 Fax: 386-333-9225 Ph: 386-456-1160 Fax: 386-218-6218 Ph: 386-275-1865 Fax: 386-256-2602 Ph: 386-740-1123 Fax: 386-274-4835 |
|--|---|--|

PAIN MANAGEMENT (3 of 3 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|--|---------------------------------------|
| Mark Bender, DC, MD #125341 Ages 18+ | UF Health Pain Medicine at Halifax Health 311 N. Clyde Morris Boulevard, Suite 440, Daytona Beach, FL 32114 | Ph: 386-241-1060 Fax: 386-241-1061 |
|---|--|---------------------------------------|

PALLIATIVE CARE

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Outpatient palliative supportive care services are offered for members with serious illness who require comprehensive symptom management, advance care planning, and psychosocial support in the home setting with in-home and/or telehealth services.

| | | |
|--------------------------------|---------------------------------------|---------------------------------------|
| Halifax Health Supportive Care | Serving Volusia and Flagler counties. | Ph: 386-425-8712 Fax: 833-957-0837 |
|--------------------------------|---------------------------------------|---------------------------------------|

PATHOLOGY – OUTPATIENT/AMBULATORY

Prior authorization from FHCP Central Referrals is not needed to utilize the facilities below. Send the specimen to any contracted facility below.

ALL INPATIENT PATHOLOGY SERVICES WILL BE COVERED.

| | | |
|--|--|--|
| AmeriPath Central Florida #00Z208 Surgical pathology | 8150 Chancellor Drive, Suite 110, Orlando, FL 32809 | Ph: 800-395-7284 Fax: 972-934-4335 |
| AmeriPath Kissimmee #10Q828 | 1200 N. Central Avenue, Suite 103, Kissimmee, FL 34741 | Ph: 800-395-7284 Fax: 972-934-4335 |
| AmeriPath Tampa #00Z028 | 4225 East Fowler Avenue, Tampa, FL 33617 | Ph: 813-972-7100 Fax: 972-934-4335 |
| AmeriPath Southwest #136270 Surgical pathology | 10500 University Center Drive, Suite 200, Tampa, FL 33612 | Ph: 800-330-6770 Fax: 972-934-4335 |
| AmeriPath Southwest Florida #011516 | 1620 Medical Lane, Suite 100, Fort Myers, FL 33907 | Ph: 888-558-1164 Fax: 972-934-4335 |
| Dermpath Diagnostics Central Florida #10P523 | 745 Oriental Avenue, Suite 1201, Altamonte Springs, FL 32701 | Ph: 800-226-8968 Fax: 972-934-4335 |
| Dermpath Diagnostics Bay Area #10R687 Surgical pathology | 10500 University Center Drive, Suite 200, Tampa, FL 33612 | Ph: 800-929-6694 Fax: 972-934-4335 |
| Halifax Pathology Associates All ages | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 3300 Halifax Crossing Boulevard, Deltona, FL 32725 | Both locations: Ph: 386-425-4139 Fax: 386-425-7898 |

PEDIATRICS

Participating pediatricians can be found on our website at <https://fhcp.healthtrioconnect.com/public-app/consumer/provdir/entry.page>

PEDIATRIC SUB-SPECIALTIES

REQUIRES PRIOR AUTHORIZATION. Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders tab*. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as urgent requests. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

PEDIATRIC SUB-SPECIALTIES - BEHAVIORAL HEALTH – See *BEHAVIORAL HEALTH – CHILD & ADOLESCENT*

PEDIATRIC SUB-SPECIALTIES – GASTROENTEROLOGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. **Please send EKG if completed within the past year.** Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|---|---|
| Bisher Abdullah, MD #092750 Osman Ahmad, MD #078432 Ages 0-21 Health Information Management Fax: 386-481-5009 | Advanced Pediatric Gastroenterology Specialists 517 Health Boulevard, Daytona Beach, FL 32114 | All locations: Ph: 386-256-4031 Fax: 386-256-7151 |
|--|---|---|

PEG TUBE FEEDING ASSESSMENT

Prior authorization from the FHCP Central Referrals Department is not needed.

Providers should send a referral order through the EHR, or by completing the “FHCP Diabetes & Nutritional Counseling Form,” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Diabetes & Nutritional Education at **386-238-3228**. If an assessment is scheduled prior to the PEG tube insertion, state the scheduled date of the procedure.

A nutritional assessment and recommendation will be sent to the provider, who will then send an order for feeding to **Apria Healthcare, Inc.** via fax. Fax the order to **386-673-4403**.

| | | |
|---|--|---|
| Deborah Kelleher, MS, RDN, LDN Kathleen MacNeill, MSN, RN, BC-ADM, CDCES Tiffany McClure, RDN, LDN Catherine Robinson, MS, RDN, LDN, CDCES Adults only. | Florida Health Care Plans Daytona Beach 330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-676-7133 877-229-4518 Fax: 386-238-3228 |
|---|--|---|

PELVIC HEALTH PROGRAMS (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed.

This program is designed to help with urinary incontinence and pelvic pain for both male and female FHCP members ages 18+. The program includes up to six (6) visits for pelvic floor strengthening and muscle training, including biofeedback. This is a self-referral program. FHCP members may either be referred by a provider or may call directly for scheduling. A provider's order is not required.

If a member requires more than six (6) visits, additional visits will require prior authorization through the FHCP Central Referral Department.

| | | |
|---|---|--|
| Ability Health Services & Rehabilitation | 1200 Lexington Green Lane, Sanford, FL 32771 | Ph: 407-638-9834 Fax: 407-732-6008 |
| Direct Physical Therapy #134892 Ages 4+ | 1015 N. Stone Street, Suite A, Deland, FL 32765 1495 S. Volusia Avenue, Suite 101, Orange City, FL 32763 | Ph: 386-337-7750 Fax: 386-337-7751 Ph: 386-401-6100 Fax: 386-960-0551 |
| Blue Water Therapy | 916 N. Dixie Freeway, New Smyrna Beach, FL 32168 699 N. Dixie Freeway, New Smyrna Beach, FL 32168 600 Eaton Road, Edgewater, FL 32132 1413 S. Dixie Fwy., New Smyrna Beach, FL 32168 | Ph: 386-410-6903 Fax: 866-239-9013 Ph: 386-426-7885 Fax: 386-239-9013 Ph: 386-426-7885 Fax: 386-239-9013 Ph: 386-410-6903 Fax: 386-402-7459 |
| REV Physical Therapy & Sports Medicine #125279 | 163 W. First Avenue, Pierson, FL 32180 | Ph: 386-749-0612 Fax: 386-738-3466 |

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PELVIC HEALTH PROGRAMS (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed.

This program is designed to help with urinary incontinence and pelvic pain for both male and female FHCP members ages 18+. The program includes up to six (6) visits for pelvic floor strengthening and muscle training, including biofeedback. This is a self-referral program. FHCP members may either be referred by a provider or may call directly for scheduling. A provider's order is not required.

If a member requires more than six (6) visits, additional visits will require prior authorization through the FHCP Central Referral Department.

| | | |
|---|---|---------------------------------------|
| Porter Pelvic Physical Therapy #150498 All Ages | 2174 S. Ridgewood Avenue, Suite C, South Daytona, FL 32119 | Ph: 386-227-6077 Fax: 386-204-3147 |
| Premier Physical Therapy & Sports Medicine Ages 18+ | 733 Dunlawton Avenue, Suites 103 & 104, Port Orange, FL 32127 | Ph: 386-756-0077 Fax: 386-756-6811 |
| | 2576 South Volusia Avenue, Suite 102 Orange City, FL 32763 | Ph: 386-774-4840 Fax: 386-473-7588 |
| | 1710 SR 44, New Smyrna Beach, FL 32168 | Ph: 386-410-2304 Fax: 386-957-3847 |
| | 196 Vining Court, Ormond Beach, FL 32176 | Ph: 386-317-6444 Fax: 386-317-6445 |
| | 752 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-439-0506 Fax: 386-439-0630 |

PERINATOLOGY

Prior authorization from FHCP Central Referrals is not needed. An obstetrician must order. The requesting obstetrician will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|--|---------------------------------------|
| Joann Acuna, MD #10AG04 Ramon Castillo, MD #002650 Gerardo Del Valle, MD #009720 Francisco Gaudier, MD #132173 Jill Mauldin, MD #056068 Edgard Ramos-Santos #039607 Kathryn Villano, MD #10M260 | Pediatric Medical Group of Florida - Regional Obstetric Consultants Halifax Medical Center, Perinatal Unit 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-425-4830 Fax: 386-425-7555 |
|--|--|---------------------------------------|

PERIPHERAL VASCULAR INTERVENTION

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|--|---|
| Stephen Minor, MD #10P180 Ages 18+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Daytona Beach Cardiology 350 N. Clyde Morris Boulevard, 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 |
| Utpal S. Desai, MD #009810 Ravi Dhanisetty, MD #100457 Patrick T. Mangonon, MD #059406 Jason Nieves, MD #089352 Willythssa Pierre-Louis, MD #089352 Ages 18+ | AdventHealth Group Cardiovascular & Thoracic Surgery 305 Memorial Parkway, Suite 308, Daytona Beach, FL 32117 1061 Medical Center Drive, Suite 212, Orange City, FL 32763 | All locations: Ph: 386-231-3600 Fax: 386-231-3602 |

PET SCANS

REQUIRES PRIOR AUTHORIZATION. Please complete the “[PET – PET CT Prior Authorization Form](#)” found at [Referrals, Prior Authorizations, and Orders](#) on our website. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|--|---|---------------------------------------|
| AdventHealth Deland #00YG80 (H) | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| Port Orange Imaging Center #10P730 (N) <i>PSMA PET , PET, CT, and Open MRI Unit available. Will not schedule SNF patients.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Twin Lakes Imaging Center #10P735 (N) <i>PET and CT available. Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

NOTE: *Out of pocket costs may vary, depending on location or benefit plan.*

PHARMACY

For FHCP individual plans, family plans, and employer group plans, [Click here.](#)

PHYSICAL MEDICINE AND REHABILITATION SERVICES – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed for the providers listed below. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Physical Medicine and Rehabilitation providers specialize in non-operative physical medicine services specific to musculoskeletal conditions.

| | | |
|---|---|---|
| Tyler Jay Staley, MD #10X029 Ages 5+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Daytona Beach Sports Medicine 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 Florida Health Care Plans Palm Coast | Ph: 386-238-3290 Fax: 386-238-3275 Ph: 386-445-7073 Fax: 386-447-7092 |
| Amol K. Gupta, MD #10F317 Ages 16+ | Gupta Sports & Spine Center 345 Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-673-0075 Fax: 386-673-0049 |
| Jonathan Waldbaum, MD #049624 All ages (under age 14 on a case-by-case basis) | Florida Orthopedic Associates 617 Canal Street, Suite 110, New Smyrna Beach, FL 32168 740 W. Plymouth Avenue, Deland, FL 32720F 1053 Medical Center Drive, Suite 101, Orange City, FL 32763 | Ph: 386-734-9122 Fax: 833-450-4859 Ph: 386-734-9122 Fax: 833-450-4859 Ph: 386-774-2500 Fax: 833-450-4859 |

PHYSICAL MEDICINE AND REHABILITATION SERVICES - (2 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| Services performed at the facilities below require prior authorization. | | |
|---|---|---------------------------------------|
| Pierre Galea, MD #100842 Ivy Garcia, MD #089569 Carolyn Geis, MD #000114 Brian Higdon, MD #100706 Cristina D. Pereira, PhD #148508 Jorge Perez-Lopez, MD #038579 Eugene Rankin, PhD #060517 Ages 18+ | Halifax Physical Medicine – Brooks Rehabilitation Services Physician Group 201 N. Clyde Morris Boulevard, Suite 120, Daytona Beach, FL 32114 | Ph: 386-425-4641 Fax: 386-947-4647 |

PICC LINE AND MIDLINE PLACEMENT

Providers needing assistance coordinating a PICC or midline placement in a patient's place of residence, or in a skilled nursing facility, please call FHCP Case Management Coordination of Care Department at **386-238-3284**. The department's fax number is 386-238-3271.

For assistance after hours or on a holiday, please call **386-481-6090**.

PODIATRY

To find a complete list of available direct access providers and the networks the providers participate in please visit fhcp.com

PRIMARY CARE

Participating Primary Care Providers (PCPs) can be found on our website at <https://fhcp.healthtrioconnect.com/public-app/consumer/provdir/entry.page>

PROVIDERS AND FACILITIES NOT LISTED IN THIS FHCP DIRECTORY

ANY PROVIDER, HOSPITAL, OR FACILITY NOT LISTED HEREIN (NON-NETWORK PROVIDER) REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Include the requested provider’s complete name, address, phone, and fax numbers. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Referral to a non-participating or supplemental provider may be considered for approval under the following circumstances:

- A particular skill or service is not available from FHCP network providers.
- A network provider is not available or accessible within established availability time frames.
- The network provider is not geographically accessible to the member.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

PROVIDER PORTAL

Registration for the FHCP Provider Portal is available at <https://www.fhcp.com/provider-log-in/>. Simply click on the red *Log In* tab at the bottom of the *PROVIDERS* drop down list. You will need your organization’s tax ID and FHCP vendor ID numbers to complete the registration process. Once the application is completed, your temporary password will be sent to you within 48 hours. Tutorials for navigating the Provider Portal are available within the portal.

PULMONARY FUNCTION TESTS (PFT) – SPIROMETRY

Prior authorization from FHCP Central Referrals is not needed for the providers listed below. The requesting provider may call the specialist to schedule an appointment. An order or written prescription is required. The provider may fax the order, or the member can bring it to their appointment.

A basic spirometry test will include flow volume loop (FVL) and measure the FEV₁ and FVC. If you need pre- and post-bronchodilation, add it to your order or prescription. **Patient should bring their inhaler if having pre- or post-bronchodilation.**

Patient should not use their inhaler or have a nebulizer treatment four (4) hours prior to their appointment.

| | | |
|----------------------------------|---|---|
| Florida Health Care Plans | FHCP Daytona Beach 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-3200 Fax: 386-238-3210 |
| | FHCP Deland 937 N. Spring Garden Avenue, Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-736-2784 |
| | FHCP Orange City 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550 Fax: 386-775-0176 |
| | FHCP Palm Coast 309 Palm Coast Parkway, Palm Coast, FL 32137 | Ph: 386-445-7073, Ext 1114 Fax: 386-447-7092 |

PULMONARY FUNCTION TESTING (PFT) WITH DIFFUSION CAPACITY (DLCO)

Prior authorization from FHCP Central Referrals is not needed for the providers listed below. The requesting provider may call the specialist to schedule an appointment. An order or written prescription is required. The provider may fax the order, or the member can bring it to their appointment.

Patient should not use their inhaler or have a nebulizer treatment four (4) hours prior to their appointment.

| | | |
|---|---|---------------------------------------|
| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-238-2251 Fax: 386-425-7744 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| AdventHealth Fish Memorial Imaging #00YG34 | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |

PULMONARY REHABILITATION

PRIOR AUTHORIZATION IS REQUIRED. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|---|---|---------------------------------------|
| Halifax Health #00Y007 | 201 N. Clyde Morris Boulevard, 3 rd Floor, Daytona Beach, FL 32114 | Ph: 386-425-4338 Fax: 386-258-4803 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| AdventHealth Fish Memorial Imaging #00YG34 | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 866-308-1797 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |

PULMONOLOGY – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Please send films to the provider in advance, or have patient bring their films to the appointment.**

| | | |
|---|---|--|
| Dany Obeid, MD #109583 Ages 5+ | Advanced Sleep and Respiratory Institute 305 Memorial Medical Parkway, Suite 106, Daytona Beach, FL 32117 4483 Palm Coast Parkway, Suite 5, Palm Coast, FL 32137 | Ph: 386-615-0900 Fax: 386-615-0902 Ph: 386-585-4463 Fax: 386-585-4482 |
| Arjun D. Aneja, MD #010390 Ages 18+ | 325 Clyde Morris Boulevard, Suite 300, Ormond Beach, FL 32174 1728 Dunlawton Avenue, Suite 5, Port Orange, FL 32127 821 State Road 44, New Smyrna Beach, FL 32168 | All locations: Ph: 386-672-6356 Fax: 386-672-6366 |
| V. John D'Souza, MD #004010 All ages | 576 Sterthaus Drive, Suite A, Ormond Beach, FL 32174 790 Dunlawton Avenue, Suite D, Port Orange, FL 32129 | Both locations: Ph: 386-677-7260 Fax: 386-672-6194 |
| Karuna Ahuja, MD #111202 George Torres, MD #043055 Ages 18+ | Central Florida Pulmonary Consultants 915 Harley Strickland Boulevard, Orange City, FL 32763 | Ph: 386-456-0300 Fax: 386-456-0303 |
| Chetna Jinjuvadia, MD #100347 Harold Matos-Casano, MD #143545 Jessica Smith, MD #125146 Steven White, MD #004127 Ages 18+ | Halifax Health Pulmonology Care 601 N. Clyde Morris Boulevard, Suite C, Daytona Beach, FL 32114 3400 Halifax Crossing Boulevard, Suite 120-A, Deltona, FL 32725 | Both locations: Ph: 386-425-3995 Fax: 855-814-6679 |

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PULMONOLOGY – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Please send films to the provider in advance, or have patient bring their films to the appointment.**

| | | |
|--|---|--|
| Rajesh K. Ailani, MD #108513 Christopher DiBello, MD #10W190 Theodossis Zacharis, MD #011605 Ages 2+ | PCCC of Volusia, LLC 1055 N. Dixie Freeway, New Smyrna Beach, FL 32168 780 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 575 N. Clyde Morris Boulevard, Suite B, Daytona Beach, FL 32114 638 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-423-0505 Fax: 386-423-0515 Ph: 386-322-6111 Fax: 386-322-3777 Ph: 386-671-6333 Fax: 386-615-1713 Ph: 386-279-0006 Fax: 386-279-0007 |
| Arianne Bennett-Venner, MD #067251 Kurt Bowman, MD #10T025 Kristal Carthan, MD #046536 Ashraf Luqman, MD #048513 Shahana Masood, MD #098839 Edward K. Scanlon, MD #004629 Paul T. Smith, MD #005345 Radhika Verma, MD #117360 Ages 18+ | Pulmonary Practice Associates 1075 Town Center Drive, Orange City, FL 32763 1087 Town Center Drive, Orange City FL 32763 | Both locations: Ph: 386-917-0333 Fax: 386-917-0335 |

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PULMONOLOGY – (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Please send films to the provider in advance, or have patient bring their films to the appointment.**

| | | |
|---|--|---|
| Wahba Wahba, MD #003854 | Sleep-Wake Disorder Center of Daytona 810 Wildwood Street, Suite 1, Daytona Beach, FL 32117 621 S. Nova Road, Ormond Beach, FL 32174 3949 Nova Road, Port Orange, FL 32127 | All locations: Ph: 386-258-7100 Fax: 386-253-1843 |
| Sureskumar Desai, MD #000506 Andres Endara-Bravo, MD #128596 Ages 18+ | ADVENTHEALTH MEDICAL GROUP PULMONOLOGY AT DAYTONA BEACH 305 Memorial Medical Pkwy., Ste. 307 Daytona Beach, FL 32117 | Ph: 386-231-4351 Fax: 386-231-3517 |

PULMONOLOGY – PEDIATRIC

REQUIRES PRIOR AUTHORIZATION. All pediatric subspecialists require prior authorization. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

For assistance in securing pediatric subspecialty care, you may contact FHCP Central Referrals at **386-238-3260** or **800-352-9824, extension 3230**.

REPORTABLE DISEASES & CONDITIONS

Prior authorization from FHCP Central Referrals is not needed.

For a list of reportable diseases and conditions in the State of Florida, visit [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/ documents/reportable-diseases-list-practitioners.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/reportable-diseases-list-practitioners.pdf)

To report a disease, condition, or animal bite for a patient *residing* in:

- Flagler County – visit <http://flagler.floridahealth.gov/>
- Volusia County – visit <http://volusia.floridahealth.gov/>
- Or use the Practitioner Disease Report Form found at [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/ documents/practitioner-disease-report-form.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/practitioner-disease-report-form.pdf)

Note that the Florida DOH Animal Bite Reporting Form found on the county DOH website (link above) must be filled out by the provider, *not the victim*. The form must be submitted prior to starting a rabies vaccination series.

| Florida Department of Health (DOH) Contact Information for Providers | | | |
|---|--|-----------------------|-------------------|
| County Mailing Address & Location | Daytime Reporting | After-Hours Reporting | Confidential Fax |
| Florida Department of Health – Flagler County Health Department #00PV15 Attn: Epidemiology P. O. Box 847 301 Dr. Carter Boulevard, Bunnell, FL 32110 <i>STD Testing and Vaccinations available to Non-Medicare members only</i> | Ph: 386-437-7350 Ph: 386-437-7353 | Ph: 386-986-7749 | Fax: 386-437-8207 |
| Florida Department of Health – Volusia County Health Department #00P421 Attn: Epidemiology P. O. Box 9190 1845 Holsonback Drive, Daytona Beach, FL 32120 | HIV/AIDS: 386-274-0634 STD: 386-274-0643 Tuberculosis: 386-274-0652 All other diseases: Ph: 386-274-0633 | Ph: 386-316-5030 | Fax: 386-274-0641 |

RHEUMATOLOGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
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| Kathleen M. McCabe, MD #150684 Ages 18+ | Florida Health Care Plans Rheumatology 350 North Clyde Morris Boulevard, Suite. E, Daytona Beach, FL 32114 1043 Town Center Drive, Orange City, FL 32763 | Ph: 386-481-6661 Fax: 386-481-5171 Ph: 386-456-3121 Fax: 386-456-3078 |
| Michael D. Kohen, MD #004099 Vinicius Costa Diniz Dominguez, MD #064728 Ages 1+ | Allergy, Asthma, & Arthritis Center 709 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-252-1632 Fax: 386-257-5526 |
| Howard L. Offenberg, MD #002521 Ages 18+; not accepting fibromyalgia patients | 325 Clyde Morris Boulevard, Suite 350, Ormond Beach, FL 32174 | Ph: 386-673-7227 Fax: 386-673-9940 |
| Yong Tsai, MD #004441 Ages 13+ | Arthritis, Autoimmune, and Allergy 1893 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32117 | Ph: 386-676-0307 Fax: 386-677-7842 |
| Lance Feller, MD #094263 Luis Ramos, MD #150899 Ages 18+ | Central Florida Rheumatology Consultants 915 Harley Strickland Boulevard, Orange City, FL 32763 | Ph: 386-561-9967 Fax: 844-815-1446 |
| Shikha Mehta, MD #094831 Ages 18+ | Doctors of Clinical Specialties, LLC 634 Deltona Boulevard, Suite B, Deltona, FL 32725 | Ph: 407-500-3627 Fax: 407-930-4353 |

RHEUMATOLOGY – PEDIATRICS

REQUIRES PRIOR AUTHORIZATION. All pediatric subspecialists require prior authorization. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

For assistance in securing pediatric subspecialty care, you may contact FHCP Central Referrals at **386-238-3260** or **800-352-9824, extension 3230**.

SESTAMIBI SCAN

ENDOCRINOLOGISTS AND CARDIOLOGISTS MAY ORDER WITHOUT PRIOR AUTHORIZATION. ALL OTHER PROVIDER ORDERS REQUIRE PRIOR AUTHORIZATION. Please complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

SKILLED NURSING FACILITY – (1 of 2 pages)

Hospital in-patient members will be placed through our FHCP Case Management Department at **386-676-7187**. Florida Health Care Plans offers no custodial coverage. For questions regarding members being placed from home or clarification of skilled versus custodial coverage, please contact FHCP Case Management Department at **386-676-7187**.

PRIOR AUTHORIZATION IS REQUIRED FOR ADMISSION TO SKILLED LEVEL OF CARE. For authorization, please call the FHCP Case Management Department at **386-676-7187**.

| | | |
|--|---|---------------------------------------|
| Alliance Health and Rehabilitation Center #00K040 | 130 W. Armstrong Avenue, Deland, FL 32720 | Ph: 386-734-6401 Fax: 386-734-9168 |
| Avante at Ormond Beach #105530 | 170 North Kings Road, Ormond Beach, FL 32174 | Ph: 386-677-7955 Fax: 386-676-9573 |
| Beachside Center for Rehabilitation & Nursing #156328 | 2810 S. Atlantic Avenue, New Smyrna Beach, FL 32169 | Ph: 386-428-6424 Fax: 786-949-4927 |
| Beach Street Health and Rehabilitation Center #097953 | 1001 S. Beach Street, Daytona Beach, FL 32114 | Ph: 386-262-3518 Fax: 386-213-4033 |
| Blue Palms Health & Rehab of Deland #151613 | 450 North McDonald Avenue, Deland, FL 32724 | Ph: 386-738-0212 Fax: 386-738-5197 |
| Coquina Center #00K070 | 170 North Center Street, Ormond Beach, FL 32174 | Ph: 386-672-7113 |

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SKILLED NURSING FACILITY – (1 of 2 pages)

Hospital in-patient members will be placed through our FHCP Case Management Department at **386-676-7187**. Florida Health Care Plans offers no custodial coverage. For questions regarding members being placed from home or clarification of skilled versus custodial coverage, please contact FHCP Case Management Department at **386-676-7187**.

PRIOR AUTHORIZATION IS REQUIRED FOR ADMISSION TO SKILLED LEVEL OF CARE. For authorization, please call the FHCP Case Management Department at **386-676-7187**.

| | | |
|---|---|---------------------------------------|
| Coastal Health & Rehabilitation Center #037131 All Ages | 820 North Clyde Morris Blvd., Daytona Beach, FL 32117 | Ph: 386-274-4575 Fax: 386-274-5020 |
| Gardens Healthcare & Rehabilitation Center #146882 All Ages | 1704 Huntington Village Cir., Daytona Beach, FL 32114 | Ph:386-255-6571 Fax: 386-255-1949 |
| Indigo Manor #146603 | 595 N. Williamson Boulevard, Daytona Beach, FL 32114 | Ph: 386-257-4400 Fax: 386-252-9797 |

SKILLED NURSING FACILITY – (2 of 2 pages)

SEE INSTRUCTIONS ON PRIOR PAGE.

| | | |
|--|--|---------------------------------------|
| Debary Health & Rehabilitation Center #156718 | 60 N Hwy 17-92 Debary, FL 32713 | Ph: 386-668-4426 Fax: 386-668-4474 |
| Majestic Oaks at John Knox Village #00K002 | 901 Veteran's Memorial Parkway, Orange City, FL 32763 | Ph: 386-775-2008 Fax: 386-775-0456 |
| Ormond Rehabilitation and Nursing Center #00K079 | 103 North Clyde Morris Boulevard, Ormond Beach, FL 32174 | Ph: 386-673-0450 Fax: 386-676-1302 |
| Parkside Health & Rehabilitation Center #00K041 | 451 South Amelia Avenue, Deland, FL 32724 | Ph: 386-734-8614 Fax: 386-738-2616 |
| Ridgecrest Health & Rehabilitation Center #146218 | 1200 North Stone Street, Deland, FL 32720 | Ph: 386-734-4334 Fax: 386-736-2118 |
| Seaside Health and Rehabilitation Center #00K022 | 324 Wilder Boulevard, Daytona Beach, FL 32114 | Ph: 386-252-2600 Fax: 386-252-2660 |
| Signature Healthcare of Ormond #00K079 | 103 N. Clyde Morris Boulevard, Ormond Beach, FL 32174 | Ph: 386-673-0450 Fax: 386-677-6715 |
| The Terrace at Bishop's Glen #151664 | 900 LPGA Boulevard, Holly Hill, FL 32117 | Ph: 386-226-9000 Fax: 847-396-9600 |
| Villa Healthcare & Rehabilitation Center #044537 | 120 Chipola Avenue, Deland, FL 32720 | Ph: 386-738-3433 Fax: 855-252-0686 |

SLEEP DISORDER PROVIDERS – (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

(H) – Outpatient Hospital Department/Facility

(N) – Outpatient Non-Hospital Facility

Out of pocket costs may vary depending on location or benefit plan

| | | |
|--|--|---------------------------------------|
| Dany Obeid, MD #109583 Ages 5+ (N) | Advanced Sleep and Respiratory Institute 1400 Hand Avenue, Ormond Beach, FL 32174 (Office) Sleep Lab: 4721 E. Moody Boulevard, Suite 104, Bunnell, FL 32110 | Ph: 386-615-0900 Fax: 386-615-0902 |
| AdventHealth Deland Sleep Center #00YG80 (H) | 744 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4777 Fax: 386-943-4896 |
| Flagler Diagnostic & Sleep Disorder Ages 5+ (N) | 4721 East Moody Boulevard, Suite 104, Bunnell, FL 32110 | Ph: 386-586-6229 Fax: 386-263-2975 |
| Karuna Ahuja, MD #111202 George Torres, MD #043055 Ages 18+ (N) | Central Florida Pulmonary Consultants 915 Harley Strickland Boulevard, Orange City, FL 32763 | Ph: 386-456-0300 Fax: 386-456-0303 |
| Mandeep Garewal, MD #011986 Ages 25+ (N) | Neurologic Consultants 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-676-6335 Fax: 386-256-7629 |

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SLEEP DISORDER PROVIDERS – (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

(H) – Outpatient Hospital Department/Facility

(N) – Outpatient Non-Hospital Facility

Out of pocket costs may vary depending on location or benefit plan

| | | |
|--|---|--|
| Rajesh K. Ailani, MD #108513 Christopher DiBello, MD #10W190 Theodossis Zacharis, MD #011605 Ages 5+ (N) | PCCC of Volusia, LLC 1055 N. Dixie Freeway, New Smyrna Beach, FL 32168 780 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 575 N. Clyde Morris Boulevard, Suite B, Daytona Beach, FL 32114 638 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-423-0505 Fax: 386-423-0515 Ph: 386-322-6111 Fax: 386-322-3777 Ph: 386-671-6333 Fax: 386-615-1713 Ph: 386-279-0006 Fax: 386-279-0007 |
| Arianne Bennette-Venner #067251 Kurt Bowman, MD #10T025 Kristal Carthan, MD #046536 Ashraf Luqman, MD #048513 Edward Kevin Scanlon, MD #004629 P. Travis Smith, MD #005345 Radhika Verma, MD #117360 Shahana Masood, MD #098839 Ages 18+ (N) | Pulmonary Practice Associates 1075 Town Center Drive, Orange City, FL 32763 1087 Town Center Drive, Orange City FL 32763 | Both locations: Ph: 386-917-0333 Fax: 386-917-0335 |

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SLEEP DISORDER PROVIDERS – (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

(H) – Outpatient Hospital Department/Facility

(N) – Outpatient Non-Hospital Facility

Out of pocket costs may vary depending on location or benefit plan

| | | |
|--|--|---|
| Wahba Wahba, MD #003854 Nashwa Wahba, MD #063210 Ages 12+ (N) | Sleep-Wake Disorder Center of Daytona 810 Wildwood Street, Suite 1, Daytona Beach, FL 32117 621 S. Nova Road, Ormond Beach, FL 32174 3949 Nova Road, Port Orange, FL 32127 | All locations: Ph: 386-258-7100 Fax: 386-253-1843 |
|--|--|---|

SLEEP DISORDER PROVIDERS – HOME STUDIES (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

(H) – Outpatient Hospital Department/Facility

(N) – Outpatient Non-Hospital Facility

Out of pocket costs may vary depending on location or benefit plan

| | | |
|--|---|---------------------------------------|
| Dany Obeid, MD #109583 Ages 5+ (N) | Advanced Sleep and Respiratory Institute 1400 Hand Avenue, Ormond Beach, FL 32174 Sleep Lab: 4721 E. Moody Boulevard, Suite 104, Bunnell, FL 32110 | Ph: 386-615-0900 Fax: 386-615-0902 |
| AdventHealth Deland Sleep Center #00YG80 (H) | 744 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 Fax: 386-943-4461 |
| Flagler Diagnostic & Sleep Disorder Ages 5+ (N) | 4721 East Moody Boulevard, Suite 104, Bunnell, FL 32110 | Ph: 386-586-6229 Fax: 386-263-2975 |
| Mandeep Garewal, MD #011986 Ages 25+ (N) | Neurologic Consultants 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174 | Ph: 386-676-6335 Fax: 386-256-7629 |

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SLEEP DISORDER PROVIDERS – HOME STUDIES – (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

(H) – Outpatient Hospital Department/Facility

(N) – Outpatient Non-Hospital Facility

Out of pocket costs may vary depending on location or benefit plan

| | | |
|---|---|--|
| Rajesh K. Ailani, MD #108513 Christopher DiBello, MD #10W190 Theodossis Zacharis, MD #011605 Ages 5+ (N) | PCCC of Volusia, LLC 1055 N. Dixie Freeway, New Smyrna Beach, FL 32168 780 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 575 N. Clyde Morris Boulevard, Suite B, Daytona Beach, FL 32114 638 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-423-0505 Fax: 386-423-0515 Ph: 386-322-6111 Fax: 386-322-3777 Ph: 386-671-6333 Fax: 386-615-1713 Ph: 386-279-0006 Fax: 386-279-0007 |
| Wahba Wahba, MD #003854 Nashwa Wahba, MD #063210 Ages 12+ (N) | Sleep-Wake Disorder Center of Daytona 810 Wildwood Street, Suite 1, Daytona Beach, FL 32117 621 S. Nova Road, Ormond Beach, FL 32174 3949 Nova Road, Port Orange, FL 32127 | All locations: Ph: 386-258-7100 Fax: 386-253-1843 |
| Snap Diagnostics, #053477 All Ages (N) | 616 Atrium Dr., Ste. 100 Vernon Hills, IL 60061 | Ph: 847-777-0000 Fax: 847-465-3401 |

SLEEP DISORDER PROVIDERS – PEDIATRIC

REQUIRES PRIOR AUTHORIZATION. All pediatric subspecialists require prior authorization. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

For assistance in securing pediatric subspecialty care, you may contact FHCP Central Referrals at **386-238-3260** or **800-352-9824, extension 3230**.

SMOKING CESSATION SERVICES

Prior authorization from FHCP Central Referrals is not needed. FHCP members may self-refer without a provider’s order.

| | | |
|---|---|---------------------------|
| Six (6) Week “Quit Smoking Now” Class Attendees will receive all the tools and resources they need to quit smoking, including nicotine replacement therapy (i.e., patches, gum, lozenges) at no cost. | | |
| Florida Dept of Health – Volusia County Tobacco Prevention Program | 1845 Holsonback Drive, #113, Daytona Beach, FL 32117 <i>Classes held in Conference Room #516-C from 12pm to 1pm.</i> | Ph: 386-274-0500 Ext 0794 |

SPORTS PHYSICALS

Prior authorization from FHCP Central Referrals is not needed. FHCP members may self-refer to their primary care provider (PCP) or pediatrician for an appointment for physical exams required to participate in school sports. The provider will advise you of their scheduling protocol.

FOR SCHOOL SPORTS PHYSICALS REQUIRING AN ELECTROCARDIOGRAM (EKG), the FHCP member should visit an FHCP Extended Hours Care Center (EHCC) to have the EKG test. An appointment is not required. Patients should not be referred to a pediatric cardiologist for the sports-physical EKG.

See *EXTENDED HOURS CARE CENTERS* in this document for convenient locations near you.

STEREOTACTIC BREAST BIOPSY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to a participating imaging facility. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

SUBSTANCE USE DISORDER – DETOXIFICATION & INPATIENT CRISIS CARE

Prior authorization from FHCP Central Referrals is not needed *for the initial 24-hour admission*. The requesting provider should instruction the member to present to one of the facilities below for screening.

PRIOR AUTHORIZATION IS REQUIRED. The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-481-6090**. Fax records to **386-615-4058**.

| | | |
|--|--|---|
| 5 Palms Ages 18+; does not accept Medicare | 515 Tomoka Avenue, Ormond Beach, FL 32174 | Ph: 386-463-2170 Fax: 386-463-2331 |
| AdventHealth Deland | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4522 |
| Heroes' Mile Ages 18+; Accepting non-Medicare patients (male & female) | 2775 Big John Drive, Deland, FL 32724 | Ph: 386-337-7957 Ph: 888-838-6692 Fax: 386-337-7968 |
| SMA Behavioral Health Services, Inc. Crisis Stabilization & 23-Hour Observation Adult Detox | 1150 Red John Drive, Daytona Beach, FL 32124 | Ph: 800-539-4228 Fax: 386-236-3161 |

SUBSTANCE USE DISORDER – *INTENSIVE* OUTPATIENT PROGRAMS

Prior authorization from FHCP Central Referrals is not needed for the FHCP Intensive Outpatient Program listed immediately below. The program is offered throughout FHCP's service area and is open to all FHCP members ages 18 and older. The requesting provider will send an order to the FHCP Behavioral Health Department listed below. Eligible members can participate in this program in person or virtually.

| | | |
|---|--|---------------------------------------|
| Florida Health Care Plans Behavioral Health Department Ages 18+ | 330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-676-7175 Fax: 386-676-7134 |
|---|--|---------------------------------------|

SUBSTANCE USE DISORDER – *INTENSIVE* OUTPATIENT PROGRAMS

PRIOR AUTHORIZATION IS REQUIRED. The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-481-6090**. Fax records to **386-615-4058**.

Intensive Outpatient Programs (IOP's) are one of the highest levels of care in an outpatient setting. See the next page for Outpatient Programs for Substance Abuse that are not designated as *Intensive*.

| | | |
|--|--|---|
| 5Palms Ages 18+; does not accept Medicare | 1200 W. Granada Boulevard, Suite 1, Ormond Beach, FL 32174 | Ph: 386-463-2170 Fax: 386-463-2331 |
| Break the Cycle Ages 15+; does not accept Medicare | 724 S. Beach Street, #3, Daytona Beach, FL 32114 | Ph: 386-333-9622 Fax: 386-333-9778 |
| Heroes' Mile Ages 18+; Accepting non-Medicare patients (male & female) | 2775 Big John Drive, Deland, FL 32724 | Ph: 386-337-7957 Ph: 888-838-6692 Fax: 386-337-7968 |
| Serenity Springs #068277 Male members only Ages 18+ | 1555 Cow Creek Road, Edgewater, FL 32132 | Ph: 386-423-4540 Fax: 386-463-1023 |

SUBSTANCE USE DISORDER – OUTPATIENT SERVICES – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Please see the previous page for *INTENSIVE* Outpatient Programs for substance use disorders.

| | | |
|--|---|--|
| FHCP Behavioral Health Department <ul style="list-style-type: none"> Substance Abuse & Recovery Groups <ul style="list-style-type: none"> Trauma Support Group Women's Support Group Adolescent Support Group | Florida Health Care Plans Daytona Beach 330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-676-7175 Fax: 386-676-7134 |
| Break the Cycle Ages 15+; does not accept Medicare | 724 S. Beach Street, #3, Daytona Beach, FL 32114 4721 E. Moody Boulevard, Suite 107, Bunnell, FL 32110 | Ph: 386-333-9622 Fax: 386-333-9778 Ph: 386-437-0026 Fax: 386-437-0235 |
| Patricia Adams, LCSW #079410 Scarlett Beckett, LCSW #156285 Karen Boggs, LCSW #085925 Nancy A. Dawson, LCSW #120510 Katherine Redman, LMHC #146062 Ages 12+ Carla Morales, LMHC #083871 Katherine Staley, LMHC #079407 Erin Stephens, LMHC #134058 John Townsend, LCSW #091907 Angela M. Yates, LMHC #114800 Ages 3+ | Lakeside Counseling and Wellness Center 900 N. Swallowtail Drive, Suite 105, Port Orange, FL 32129 | Ph: 386-333-9717 Fax: 386-333-9718 |

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SUBSTANCE USE DISORDER – OUTPATIENT SERVICES (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Please see the previous page for *INTENSIVE* Outpatient Programs for substance use disorders.

| | | |
|---|---|--|
| Stephen Viel, MD #112831 Ages 18+ | Shoreline Medical Addiction Treatment 602 W. Indian River Blvd., Unit 2, Edgewater, FL 32132 | Ph: 386-868-2619 Fax: 386-868-5498 |
| Asad Khan, MD #045159 Abdelrahim Abu-Shtaiah, APRN #076847 Ages 16+ | Medical & Psychiatric Institute of Florida, Inc. 927 Beville Road, Suite 7, South Daytona, FL 32119 | Ph: 386-269-9009 Fax: 386-269-9004 |
| SMA Behavioral Health Services, Inc. Adult and Adolescent | 702 S. Ridgewood Avenue, Daytona Beach, FL 32114 356 Englenook Drive, Debary, FL 32713 | Both locations: Ph: 800-539-4228 Fax: 386-236-3161 |

SUBSTANCE USE DISORDER – PARTIAL HOSPITALIZATION PROGRAM

PRIOR AUTHORIZATION IS REQUIRED. The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-481-6090**. Fax records to **386-615-4058**.

| | | |
|---|--|---|
| 5Palms Ages 18+; does not accept Medicare | 1200 W. Granada Boulevard, Suite 1, Ormond Beach, FL 32174 | Ph: 386-463-2170 Fax: 386-463-2331 |
| Break the Cycle Ages 15+; does not accept Medicare | 724 S. Beach Street, #3, Daytona Beach, FL 32114 | Ph: 386-333-9622 Fax: 386-333-9778 |
| Heroes' Mile Ages 18+; Accepting non-Medicare patients (male & female) | 2775 Big John Drive, Deland, FL 32724 | Ph: 386-337-7957 Ph: 888-838-6692 Fax: 386-337-7968 |
| Serenity Springs #068277 Male members only Ages 18+ | 1555 Cow Creek Road, Edgewater, FL 32132 | Ph: 386-423-4540 Fax: 386-463-1023 |

SUBSTANCE USE DISORDER – RESIDENTIAL

PRIOR AUTHORIZATION IS REQUIRED. The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-481-6090**. Fax records to **386-615-4058**.

| | | |
|---|--|--|
| 5 Palms Ages 18+; does not accept Medicare | 515 Tomoka Avenue, Ormond Beach, FL 32174 | Ph: 386-463-2170 Fax: 386-463-2331 |
| Blackberry Recovery Center Ages 18+; does not accept Medicare | 2775 Big John Drive, Deland, FL 32724 | Ph: 855-973-7333 Fax: 386-337-7968 |
| Serenity Springs #068277 Male members only Ages 18+ | 1555 Cow Creek Road, Edgewater, FL 32132 | Ph: 386-423-4540 Fax: 386-463-1023 |
| SMA Behavioral Health Services, Inc. Adult and Adolescent | Adult: 301 Justice Lane, Bunnell, FL 32110 Adolescent: 3875 Tiger Bay Road, Daytona Beach, FL 32124 | Both locations: Ph: 800-539-4228 Fax: 386-236-3161 |

SUBSTANCE USE DISORDER – SUBOXONE SERVICES

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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|---|--|---------------------------------------|
| Krista Brinkerhoff, MD #089959 Jacob Bryant, LCSW #093979 Denise C. Daniel, MD #124969 Neil B. Nipper, MD #124965 Ages 18+ Health Information Management Fax: 386-481-5009 | Florida Health Care Plans Daytona Beach 330 N. Clyde Morris Boulevard, Suite 10, Daytona Beach, FL 32114 | Ph: 386-676-7175 Fax: 386-676-7134 |
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SURGERY – CARDIOVASCULAR (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Be sure to include clinic notes, EKG, labs, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Guidelines for TAVR evaluations are found under *TAVR*.

| | | |
|--|---|---|
| Utpal S. Desai, MD #009810 Patrick T. Mangonon, MD #059406 James Takara, MD #134178 Ages 18+ | AdventHealth Medical Group Cardiovascular & Thoracic Surgery 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117 1061 Medical Center Drive, Suite 305, Orange City, FL 32763 120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164 | All locations: Ph: 386-231-3600 Fax: 386-231-3602 |
| Haroon L. Chughtai, MD #108323 Ages 18+ | Heart and Lung Institute of Central Florida 2728 Enterprise Road, Suite 100, Orange City, FL 32763 | Ph: 386-457-6550 Fax: 386-457-6551 |

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SURGERY – CARDIOVASCULAR (2 of 2 pages)

THE PROVIDERS/LOCATIONS LISTED BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

| | | |
|--|--|---------------------------------------|
| Robert Freezor, MD #10G670 Michael Yacoub, MD #078156 Ages 18+ | UF Health Heart & Vascular Surgery at Halifax 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 | Ph: 386-241-1040 Fax: 386-226-2593 |
| | UF Health Surgical Specialists at Halifax Medical Center of Deltona 3400 Halifax Crossings Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-457-6384 Fax: 386-457-6385 |

SURGERY – COLON & RECTAL (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Joel Sebastien, MD #006578 – Ages 18+ <i>Health Information Management Fax: 386-481-5009</i> | Florida Health Care Plans General Surgery 201 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 2777 Enterprise Road, Suite 5, Orange City, FL 32763 | Both locations: Ph: 386-238-3295 Fax: 386-238-3273 |
| Ross Hempel, MD #143912 Andrew Ritter, MD #003473 John Tolland, MD #006725 Matthew Wilson, MD #144114 All ages | AdventHealth Medical Group Colon and Rectal Surgery 550 Memorial Circle, Suite H, Ormond Beach, FL 32174 400 Clyde Morris Blvd., Ste. A Ormond Beach, FL 32174 1185 Dunlawton Avenue, Suite 100, Port Orange, FL 32127 401 Palmetto St., New Smyrna Beach, FL 32168 (Satellite office) Referral Fax for both locations: 386-231-6541 | All locations: Ph: 386-231-6500 Fax: 386-231-6541 |

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SURGERY – COLON & RECTAL (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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|--|--|---------------------------------------|
| Harry Aubin, MD #132710 Christian Birkedal, MD #011867 Gregory Burgoyne, MD #082288 Christopher Grove, MD #054519 Ages 8+ <i>EPN Triple Option members only</i> | AdventHealth Medical Group General Surgery at Daytona Beach 305 Memorial Medical Parkway, Suite 205, Daytona Beach, FL 32117 | Ph: 386-231-3414 Fax: 386-231-3415 |
| | 305 Memorial Medical Parkway, Suite 209, Daytona Beach, FL 32117 | Ph: 386-231-3520 Fax: 386-231-3524 |
| | 305 Memorial Medical Parkway, Suite 207, Daytona Beach, FL 32117 | Ph: 386-231-3414 Fax: 386-231-3415 |
| | 1061 Medical Center Dr., Ste.201, Orange City, FL 32763 | Ph: 386-231-3530 Fax: 386-231-3534 |
| | 125 Florida Memorial Pkwy., Ste. 2300, New Smyrna, FL 32168 | Ph: 386-231-3540 Fax: 386-231-3544 |
| Frank Toub, MD #005494 Ages 18+ | AdventHealth Medical Group General Surgery New Smyrna Beach 600 Palmetto Street, Suite C, New Smyrna Beach, FL 32168 | Ph: 386-428-8326 Fax: 386-428-2493 |
| Dennis Diaz, MD #10Q154 Jeremy Steinbaum, MD #006391 All ages | North Orlando Surgical Group, Inc. 2864 Wellness Avenue, Suite 200, Orange City, FL 32763 | Ph: 386-775-0333 Fax: 386-775-0427 |

SURGERY – EAR, NOSE & THROAT (ENT)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Narges Mazloom, MD #153076 All Ages | North Florida Surgeons, P.A. 103 Memorial Medical Pwy., Ste. 125 Daytona Beach, FL 32117 501 Live Oak St., New Smyrna Beach, FL 32168 | Centralized # for both locations: Ph: 386-274-0250 Fax: 386-274-0269 |
|---|--|---|

SURGERY – GENERAL (1 of 4 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|--|---|
| Harry H. Black, MD #001852 – Ages 18+ Suh Yueh Lim, MD #101829 – Ages 18+ Lars S. Nelson, MD #086285 – Ages 18+ Joel Sebastien, MD #006578 – Ages 18+ Caren Wilkie, MD #00002E – Ages 13+ <i>Health Information Management Fax: 386-481-5009</i> | Florida Health Care Plans General Surgery 201 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 2777 Enterprise Road, Suite 5, Orange City, FL 32763 | Both locations: Ph: 386-238-3295 Fax: 386-238-3273 |
| Harry Aubin, MD #132710 Christian Birkedal, MD #011867 Gregory Burgoyne, MD #082288 Christopher Grove, MD #054519 Ages 8+ <i>EPN Triple Option members only</i> | AdventHealth Medical Group General Surgery at Daytona Beach 305 Memorial Medical Parkway, Suite 205, Daytona Beach, FL 32117 305 Memorial Medical Parkway, Suite 209, Daytona Beach, FL 32117 305 Memorial Medical Parkway, Suite 207, Daytona Beach, FL 32117 1061 Medical Center Dr., Ste. 201 Orange City, FL 32763 125 Florida Memorial Pkwy., Ste.2300 New Smyrna Beach, FL 32168 | Ph: 386-231-3414 Fax: 386-231-3415 Ph: 386-231-3520 Fax: 386-231-3524 Ph: 386-231-3414 Fax: 386-231-3415 Ph: 386-231-3530 Fax: 386-231-3534 Ph: 386-231-3540 Fax: 386-231-3544 |

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SURGERY – GENERAL (2 of 4 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|---|---|---------------------------------------|
| Thomas Corbyons, MD #004024 Huy Hoang, MD #153631 Michele Malit, MD #102625 Rachel Raphael, MD #114767 Frank Velez, MD #047291 Ages 18+ | ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 1070 N. Stone Street, Suite E, Deland, FL 32720 | Ph: 386-738-5300 Fax: 386-738-9537 |
| | ADVENTIST HEALTH SYSTEM/SUNBELT, INC. Deland East 151 Victoria Commons Boulevard, Suite 105, Deland, FL 32724 | Ph: 386-943-7175 Fax: 386-734-8825 |
| | ADVENTIST HEALTH SYSTEM/SUNBELT, INC. Orange City 1061 Medical Center Dr., Ste. 300, Orange City, FL 32763 | Ph: 386-738-5300 Fax: 386-738-9537 |

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SURGERY – GENERAL (3 of 4 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

| | | |
|--|--|--|
| Willy Bustinza Farfan, DO #123282 Rebecca Gill, MD #066822 Frank Toub, MD #005494 Ages 18+ | AdventHealth Medical Group General Surgery New Smyrna Beach 600 Palmetto Street, Suite C, New Smyrna Beach, FL 32168 125 Florida Memorial Medical Pkwy., Suite 2300, New Smyrna Beach, FL 32168 | Both locations: Ph: 386-428-8326 Fax: 386-428-2493 |
| Sarah Brehm, MD #128984; Ages 18+ Dennis Diaz, MD #10Q154 Jeremy Steinbaum, MD #006391 All ages | North Orlando Surgical Group 2864 Wellness Avenue, Suite 200, Orange City, FL 32763 | Ph: 386-775-0333 Fax: 386-775-0427 |
| Tara Wilson, MD #146069 All Ages | North Florida Surgeons, P.A. 501 Live Oak Street, New Smyrna Beach, FL 32168 | Ph: 386-274-0250 Fax: 386-274-0269 |
| Joseph Bianchi, MD #006181 Michael Fabian, MD #004286 David Ramshaw, MD #002478 Mark White, MD #107281 <i>EPN Triple Option members only</i> | North Florida Surgeons, P.A. 103 Memorial Medical Pkwy, Ste. 125, Daytona Beach, FL 32117 | Ph: 386-274-0250 Fax: 386-274-0269 |
| The providers below are HECN, AND BETHUNE-COOKMAN UNIVERSITY providers. | | |
| James T. Sutton, MD #009105 All ages | 1240 W. Granada Blvd., 2 nd Floor, Ormond Beach, FL 32174 | Ph: 386-236-6854 Fax: 386-236-2996 |
| Donald Covington, MD #093237 Ages 18+ | Halifax Health Center for Advanced Wound Healing 311 N. Clyde Morris Boulevard, Suite 70, Daytona Beach, FL 32114 | Ph: 386-425-4267 Fax: 386-258-4879 |

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SURGERY – GENERAL (4 of 4 pages)

THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Jason Arellano, MD #088554 Douglas Sanders, MD, #102983 Ages 18+ | UF Health Surgical Specialists at the Medical Center of Deltona at Halifax 3400 Halifax Crossings Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-457-6384 Fax: 386-457-6385 |
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SURGERY – HAND (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Louis C. Blaum, III, MD #011648 All ages | Blaum Hand Clinic 410 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-267-6224 Fax: 386-703-2304 |
| Brian Leung, MD #057939 All ages | Central Florida Bone & Joint Institute 2745 Rebecca Lane, Orange City, FL 32763 | Ph: 386-775-2012 Fax: 386-775-2013 |
| Juan Castaneda, DO #011373 Ages 6+ | Hand & Upper Extremity Surgery of Daytona Beach 667 Beville Road, Suite B, South Daytona, FL 32119 | Ph: 386-322-6882 Fax: 386-322-6848 |

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SURGERY – HAND (2 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| <p>Christopher J. Matthews, MD #070986 All ages</p> <p>It is not required to order imaging prior to the referral, as the practice will order; however, if imaging is available, send it with the patient.</p> | <p>Orthopedic Clinic of Daytona Beach, PA 1165 Dunlawton Avenue, Suite 102, Port Orange, FL 32127</p> <p>1175 Dunlawton Avenue, Suite 1, Port Orange, FL 32127</p> <p>1865 LPGA Blvd. Daytona Beach, FL 32117</p> | <p>All locations: Ph: 386-255-4596 Fax: 386-254-6819</p> |
| <p>Srikanth Eathiraju, MD #038612 Sarah Henry, MD #048405 All 18+</p> | <p>Volusia Hand Surgery Clinic 3635 S. Clyde Morris Boulevard, Suite 900, Port Orange, FL 32137</p> <p>2777 Entrprise Rd., Bldg. 2, Orange City, FL 32763</p> <p>239 N. Ridgewood Ave. Edgewater, FL 32132</p> <p>315 Palm Coast Pkwy., Ste. 4, Palm Coast, FL 32137</p> | <p>Ph: 386-788-4263 Fax: 386-788-0679 (all locations)</p> <p>Ph: 386-218-4920</p> <p>Ph: 386-410-4972</p> <p>Ph: 386-246-3063</p> |

SURGERY – NEUROLOGICAL (NEUROSURGERY) – (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. For urgent neurosurgery referrals, the requesting provider should call to speak to the physician of choice.

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| Erinc Akture, MD #099806 Wissam Elfallal, MD #097805 Dennis Mark Murphy, MD #143848 Vijay Pandav, MD #127231 Jesna Sublett, MD #096451 Gregory Velat, MD #056531 Federico Vinas, MD #106957 Ages 18+ | AdventHealth Medical Group Neurosurgery at Daytona Beach 305 Memorial Medical Parkway, Suite 505, Daytona Beach, FL 32117 305 Memorial Medical Parkway, Suite 303, Daytona Beach, FL 32117 305 Memorial Medical Parkway, Suite 401, Daytona Beach, FL 32117 15 Victoria Commons Boulevard, Suite 105, Deland, FL 32724 501 Live Oak Street, Suite B, New Smyrna Beach, FL 32168 1061 Medical Center Drive, Suite 201, Orange City, FL 32763 | All locations: Ph: 386-231-3540 Fax: 386-231-3544 |
| Matthew Burry, MD #10D164 Ages 18+ | The Neurohealth Sciences Center 2728 Enterprise Road, Suite 100, Orange City, FL 32763 | Ph: 407-833-7505 Fax: 407-833-4509 |

SURGERY - NEUROLOGICAL (NEUROSURGERY) – (2 of 2 pages)

THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Jason Blatt, MD #074010 Nohra Chalouhi, MD #089429 Patrick Han, MD #087120 Brian Hoh, MD #075457 Rohit Khanna, MD #006424 Paul Krafft, MD #120490 Adam Polifka, MD #074620 Sivasupiramaniam Sruharan #146220 Ian Tafel, MD #120481 Elizabeth Vitarbo #146163 Ages 18+ | UF Health Center for Neurosurgery at Halifax 311 N. Clyde Morris Boulevard, Suite 550, Daytona Beach, FL 32114 | Ph: 386-241-1100 Fax: 352-627-4802 |
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SURGERY -ONCOLOGY

THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Andrew Gamenthaler, MD #064196 All Ages | North Florida Surgeons, P.A. 103 Memorial Medical Pwy., Ste. 125, Daytona Beach, FL 32117 501 Live Oak St., New Smyrna Beach, FL 32168 | Phone: 386-274-0250 Fax: 386-274-0269 (Centralized # for both locations) |
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SURGERY – ORAL

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

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For accidental dental injury services, call FHCP Dental Daytona Beach at **386-238-3280**, and they will advise you whom to contact in network to arrange for treatment of the FHCP member.

SURGERY – ORTHOPEDICS (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order, clinical, and therapy notes to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For non-surgical orthopedics, see *ORTHOPEDICS – SPORTS MEDICINE*.

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|--|---|---|
| Gregory White, MD #10AF78 Ages 18+ <i>These listed locations only →</i> | AdventHealth Medical Group Orthopedics & Sports Medicine – 600 Palmetto Street, New Smyrna Beach, FL 32168 125 Florida Memorial Pkwy, Suite 2200, New Smyrna Beach, FL 32168 | Ph: 386-424-3845 Fax: 386-424-3847 Ph: 386-409-6836 Fax: 386-409-6909 |
| Mark Duber, DO #152851 Ages 18+ Vincent Fowble, MD # 156253 Mathew Quattrocelli, DO #126911 Ages 6+ Mark Zunkiewicz, MD #089006 Ages 18+ | AdventHealth Orthopedics at Daytona Beach & Sports Medicine at Port Orange 305 Memorial Medical Pkwy, Ste. 301, Daytona Beach, FL 32117 5821 S. Williamson Blvd., Ste. 103, Port Orange, FL 32128 600 Palmetto St. New Smyrna Beach, FL 32168 | Ph: 386-231-4450 Fax: 386-231-4459 Ph: 386-231-2960 Fax: 386-231-2961 Ph: 386-231-4450 Fax: 386-231-4459 |
| Jose Jimenez-Almonte, MD #102834 Brian Leung, MD #057939 All ages | Central Florida Bone & Joint Institute 2745 Rebecca Lane, Orange City, FL 32763 | Ph: 386-775-2012 Fax: 386-775-2013 |

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SURGERY – ORTHOPEDICS (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order, clinical, and therapy notes to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For non-surgical orthopedics, see *ORTHOPEDICS – SPORTS MEDICINE*.

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| Thomas J. Brodrick, MD #004328 William Browning, III, MD #074872 Morad Chughtai, MD #137232 Mark Hollmann, MD #000050 Stephane Lavoie, MD #000132 John Prodoel, MD #137312 Stephen M. Reed, MD #001954 Srinivasa Sridhar, MD #153346 Brandon Steen, MD #043372 Nathan Turnbull, MD #049624 Jonathon Watts, MD #100770 Charles B. Williamson, MD #141567 All ages (under 14 on a case-by-case basis) | Florida Orthopedic Associates, PA 617 Canal Street, Suite 110, New Smyrna Beach, FL 32168 740 W. Plymouth Avenue, Deland, FL 32720 1053 Medical Center Drive, Suite 101, Orange City, FL 32763 3635 Clyde Morris Boulevard, Suite 600, Port Orange, FL 32129 | Ph: 386-734-9122 Fax: 833-450-4859 Ph: 386-736-9122 Fax: 833-450-4859 Ph: 386-774-2500 Fax: 833-450-4859 Ph: 386-734-9122 Fax: 833-450-4859 |
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SURGERY – ORTHOPEDICS (3 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order, clinical, and therapy notes to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For non-surgical orthopedics, see *ORTHOPEDICS – SPORTS MEDICINE*.

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| Antony Denard, Jr., MD, #054447 Charles Kollmer, MD #006651 All ages | New Smyrna Orthopedics 812 W. Indian River Boulevard, Edgewater, FL 32132 | Ph: 386-426-1411 Fax: 386-426-0457 |
| Scott Silas, MD #002642 All ages | Orthopedic Center of Volusia 545 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-274-5252 Fax: 386-274-5544 |
| James Bryan, MD #006073 Richard K. Gaines, MD #10AB03 Albert Gillespy, MD #004452 Mark Gillespy, MD #004501 Brian Hatten, MD #125572 Lindsay T. Lucas, MD #124604 Dominic Marino, DO #135259 Jeffrey Martin, MD #107390 Christopher Matthews, MD #070986 Todd McCall, MD #10B922 Brandon Simonetta, MD #137402 Eric Villarreal, MD #148923 All ages | Orthopedic Clinic of Daytona Beach 1165 Dunlawton Avenue, Suite 102, Port Orange, FL 32127 1175 Dunlawton Avenue, Suite 1, Port Orange, FL 32127 17 Old Kings Rd. N., Ste. K, Palm Coast, FL 32137 1865 LPGA Boulevard, Daytona Beach, FL 32117 | All locations: Ph: 386-255-4596 Fax: 386-254-6819 |

SURGERY – ORTHOPEDICS (3 of 3 pages)

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| Jason Arellano, MD #088554 Andrew Hayden, MD #097591 J. Richard Rhodes, MD #008855 Ages 3+ | UF Health Surgical Specialists at the Medical Center of Deltona at Halifax 3400 Halifax Crossings Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-457-6384 Fax: 386-457-6385 |
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SURGERY – PLASTIC (1 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

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| Ashley Lentz, MD #058872 All ages (Non-Medicare Members Only) | Lentz Plastic Surgery, PLLC 1265 W. Granada Boulevard, Suite 3, Ormond Beach, FL 32174 | Ph: 386-252-8051 Fax: 386-252-1173 |
| Jillian Morrison, MD #072389 Dermatological & breast reconstruction surgeries David Plank, MD #060592 Dermatological surgery only All ages | Mid Florida Dermatology and Plastic Surgery 519 North Dixie Freeway, New Smyrna Beach, FL 32168 802 Sterthaus Drive, Suite C, Ormond Beach, FL 32174 275 S. Charles Richard Beall Boulevard, Suite 105, Debary, FL 32713 | Ph: 407-299-7333 Ph: 888-318-3183 Fax: 407-293-2049 Helpline: 407-581-4171 |
| Sergio Zamora, MD #006299; All ages | 1890 LPGA Boulevard, Suite 150, Daytona Beach, FL 32117 | Ph: 386-274-5557 Fax: 386-274-5527 |

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SURGERY – PLASTIC (2 of 2 pages)

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| Tiffany Anderson, MD #146212 Rachel Cohen-Shohet, MD #099031 Noah Prince, MD #092286 Ages 18+ | UF Health Plastic Surgery Aesthetics Center at Halifax 311 N. Clyde Morris Boulevard, Suite 500, Daytona Beach, FL 32114 | Ph: 386-425-2639 Fax: 386-425-7702 |
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SURGERY – RECTAL

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Ross Hempel, MD #143912 Andrew Ritter, MD #003473 John Tolland, MD #006725 Matthew Wilson, MD #144114 All ages | AdventHealth Medical Group Colorectal Surgery 1185 Dunlawton Avenue, Suite 100, Port Orange, FL 32127 400 Clyde Morris Blvd., Suite A, Ormond Beach, FL 32174 | Both locations: Ph: 386-231-6500 Fax: 386-231-6541 |
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SURGICAL – THORACIC (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Be sure to include clinic notes, test results, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Guidelines for TAVR evaluations are found under *TAVR*.

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| Utpal S. Desai, MD #009810 Andrew Everett, MD #147955 Cary Meyers, MD #128584 James Takara, MD #134178 Ages 18+ | AdventHealth Medical Group Cardiovascular & Thoracic Surgery 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117 1061 Medical Center Drive, Suite 305, Orange City, FL 32763 | Both locations: Ph: 386-231-3600 Fax: 386-231-3602 |
| Thomas Corbyons, MD #004024 All ages | ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 1070 N. Stone Street, Suite E, Deland, FL 32720 ADVENTIST HEALTH SYSTEM/SUNBELT, INC. at Deland East 151 Victoria Commons Boulevard, Suite 105, Deland, FL 32724 | Ph: 386-738-5300 Fax: 386-738-9537 Ph: 386-943-7175 Fax: 386-734-8825 |
| Haroon L. Chughtai, MD #108323 Ages 18+ | Heart and Lung Institute of Central Florida 2728 Enterprise Road, Suite 100, Orange City, FL 32763 | Ph: 386-457-6550 Fax: 386-457-6551 |
| Jeremy Steinbaum, MD #006391 All ages | North Orlando Surgical Group, Inc. 2864 Wellness Avenue, Suite 200, Orange City, FL 32763 | Ph: 386-775-0333 Fax: 386-775-0427 |

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SURGICAL – THORACIC (2 of 2 pages)

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| Sohit, K. Khanna, MD #079752 Ages 18+ | UF Health Heart & Vascular Surgery at Halifax 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 | Ph: 386-241-1040 Fax: 352-627-4522 |
| | UF Health Surgical Specialists at Halifax Medical Center of Deltona 3400 Halifax Crossing Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-457-6384 Fax: 386-457-6385 |

SURGERY – VASCULAR (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Be sure to include clinic notes, test results, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Stephen Minor, MD #10P1580 Ages 18+ See also <i>Peripheral Vascular Intervention</i> | Florida Health Care Plans Daytona Beach 350 N. Clyde Morris Boulevard, 2 nd Floor, Daytona Beach, FL 32114 | Ph: 386-238-3289 Fax: 386-238-3296 |
| Utpal S. Desai, MD #009810 Ravi Dhanisetty, MD #100457 Patrick T. Mangonon, MD #059406 Jason Nieves, MD #089352 Willythssa Pierre-Louise, MD #089352 James Takara, MD #134178 Calvin Williams, MD #153027 Ages 18+ | AdventHealth Medical Group Cardiovascular & Thoracic Surgery 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117 1061 Medical Center Drive, Suite 305, Orange City, FL 32763 120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164 | All locations: Ph: 386-231-3600 Fax: 386-231-3602 |
| Edwin Cheung, MD #146177 Thomas Corbyons, MD #004024 Min Li Xu, MD # 152954 Age 18+ | Adventhealth General & Vascular Surgery at Deland 1070 N. Stone Street, Suite E, Deland, FL 32720 999 N. Stone St., Ste. B, Deland, FL 32780 | Ph: 386-738-5300 Fax: 386-738-9537 Ph: 386-943-3018 Fax: 386-226-5132 |
| Frank Toub, MD #006635 Ages 18+ | AdventHealth General Surgery at New Smyrna Beach 600 Palmetto Street, Suite C, New Smyrna Beach, FL 32168 | Ph: 386-428-8326 Fax: 386-428-2493 |

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SURGERY – VASCULAR (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Be sure to include clinic notes, test results, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Ratan Ahuja, MD #000397 Anita Ravi, MD #150038 Ages 18+ | Central Florida Cardiovascular Consultants, PL 915 Harley Strickland Blvd., Orange City, FL 32763 | Ph: 386-456-0300 Fax: 386-456-0303 |
| Christopher Meyer, MD #074085 Ages 16+ <i>Established patients only.</i> | Florida Vein Care Specialists 75 Fox Ridge Court, Suite D, Debary, FL 32713 | Ph: 321-252-0327 Fax: 321-549-0522 |
| Jeremy Steinbaum, MD #006391 All ages | North Orlando Surgical Group, Inc. 2864 Wellness Avenue, Suite 200, Orange City, FL 32763 | Ph: 386-775-0333 Fax: 386-775-0427 |
| James T. Sutton, MD #009105 All ages | 1240 W. Granada Blvd., 2 nd Floor, Ormond Beach, FL 32174 | Ph: 386-236-6854 Fax: 386-236-2996 |

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SURGERY – VASCULAR (3 of 3 pages)

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| Felipe Cadavid, MD #126074 Robert Feezor, MD #10G670 Sohit, K. Khanna, MD #079752 Michael Yacoub, MD #078156 Ages 18+ | UF Health Heart & Vascular Surgery at Halifax 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 UF Health Surgical Specialists at Halifax Medical Center of Deltona 3400 Halifax Crossing Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-226-2662 Fax: 386-226-2593 Dr. Cadavid: Ph: 386-241-1040 Fax: 352-627-4522 Ph: 386-457-6384 Fax: 386-457-6385 |
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SURGICAL FACILITIES (1 of 2 pages)

REQUIRES PRIOR AUTHORIZATION. Schedule the surgery with the hospital/surgical center, arrange for pre-op, and notify the member. The requesting surgeon should then complete the “[Request for Surgical & Special Procedure Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. The surgeon will only be notified if the surgery is *not* approved.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| FHCP Ambulatory Surgical Center #048538 | Florida Health Care Plans Ambulatory Surgical Center 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-481-6285 Fax: 386-481-6885 |
| AdventHealth Surgery Center Blue Springs #10G603 | 1053 Medical Center Drive, Suite 201, Orange City, FL 32763 | Ph: 386-878-8080 Fax: 386-878-8081 |
| AdventHealth Surgery Center Daytona Beach #156121 | 103 Memorial Medical Pkwy., Ste. 300, Daytona Beach, FL 32117 | Ph: 386-231-8800 Fax: 386-231-8810 |
| Alliance Specialty Surgical Center #069215 Ages 18+ | 1545 Hand Avenue, Suite A2, Ormond Beach, FL 32174 | Ph: 386-274-2977 Fax: 386-317-5164 |
| Atlantic Surgery Center #00YH63 | 541 Health Boulevard, Daytona Beach, FL 32114 | Ph: 386-239-0021 Fax: 386-248-8226 |
| East Coast Surgery Center #065070 | 1871 LPGA Boulevard, Daytona Beach, FL 32117 | Ph: 386-366-8181 Fax: 386-366-8182 |

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SURGICAL FACILITIES (2 of 2 pages)

SEE INSTRUCTIONS ON PAGE 1 OF 2 PAGES.

| | | |
|---|---|---------------------------------------|
| Halifax Health #00Y007 | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | 386-254-4000 |
| Halifax Health Twin Lakes Surgery Center #00Y007 | 1890 LPGA Boulevard, Daytona Beach, FL 32117 | Ph: 386-425-3232 Fax: 386-425-3238 |
| AdventHealth New Smyrna Beach #00Y010 | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5000 Fax: 386-424-5054 |
| AdventHealth Deland #00YG80 | 701 W. Plymouth Avenue, Deland, FL 32720 | Ph: 386-943-4610 Fax: 386-943-4461 |
| AdventHealth Fish Memorial #00YG34 | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 386-917-5428 Fax: 386-917-5576 |
| AdventHealth Daytona Beach #00Y004 | 301 Memorial Medical Pkwy., Daytona Beach, FL 32117 | Ph: 386-676-6105 Fax: 386-676-6498 |
| Physicians Ambulatory Surgical Center #00YF49 | 300 Clyde Morris Boulevard, Suite B, Ormond Beach, FL 32174 | Ph: 386-672-1080 Fax: 386-672-8628 |
| Surgery Center of Volusia #118394 | 3635 Clyde Morris Boulevard, Suite 500, Port Orange, FL 32129 | Ph: 386-760-8151 Fax: 386-760-8185 |
| Volusia ASC BZ, LLC #134074 All Ages | 1615 Dr. Martin Luther King Jr. Boulevard, Deltona, FL 32752 | Ph: 386-218-0113 Fax: 877-455-2236 |
| Volusia ASC BZ, LLC #154851 All Ages | 1601 LPGA Blvd. Daytona Beach, FL 32117 | Ph: 386-366-7495 Fax: 877-455-2236 |

SUTURE & STAPLE REMOVAL

Prior authorization from FHCP Central Referrals is not needed. Appointments can be made by the physician's office, or the member can walk in during business hours.

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| Florida Health Care Plans EHCC Daytona Beach | 350 North Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 | Ph: 386-238-3221 Fax: 386-235-3232 |
| Florida Health Care Plans EHCC Edgewater | 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-481-6591 |
| Florida Health Care Plans EHCC Orange City | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550 Fax: 386-774-5667 |
| Florida Health Care Plans EHCC Deland | 937 N. Spring Garden Avenue, Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-734-4571 |
| Florida Health Care Plans EHCC Ormond Beach | 461 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-671-4337 Fax: 386-671-1127 |
| Florida Health Care Plans Port Orange | 740 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-481-6399 |

TAVR EVALUATION

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

TERTIARY CARE CENTERS

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

TRANSPLANTS

REQUIRES PRIOR AUTHORIZATION. Do not make arrangements for the services without prior authorization. The requesting provider should complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

ULTRASOUND (1 of 2 pages)

Prior authorization from FHCP Central Referrals is not needed. Call the selected FHCP Ultrasound Department listed below to schedule, then confirm the appointment date/time with the member. Send the provider's order to the appropriate location via fax.

EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- GENETIC TESTING
- HIDA (CHOLESCINTIGRAPHY) SCANS
- PET SCANS

PLEASE SEE PRIOR AUTHORIZATION INSTRUCTIONS FOR THE TESTS NOTED ABOVE UNDER THEIR HEADING WITHIN THIS GUIDE

Obstetrical (OB) and breast ultrasounds are not performed at FHCP Ultrasound Departments. Non-obstetrical ultrasounds are available.

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| Florida Health Care Plans | FHCP Daytona Beach Ultrasound Department 350 N. Clyde Morris Boulevard, 1 st Floor, Daytona Beach, FL 32114 | Phone for all locations: 386-238-3270 Fax: 386-238-3256 |
| Florida Health Care Plans | FHCP Deland Ultrasound Department 937 North Spring Garden Avenue, Deland, FL 32720 | Fax: 386-734-4571 |
| Florida Health Care Plans | FHCP Edgewater Ultrasound Department 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Fax: 386-481-6593 |
| Florida Health Care Plans | FHCP Orange City Ultrasound Department 2777 Enterprise Road, Orange City, FL 32132 | Fax: 386-774-5667 |

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ULTRASOUND (2 of 2 pages)

SEE INSTRUCTIONS ON PAGE 1 OF 2 PAGES.

Obstetrical (OB) and breast ultrasounds are not performed at FHCP Ultrasound Departments. Non-obstetrical ultrasounds are available.

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| Florida Health Care Plans | FHCP Palm Coast Parkway Ultrasound Department 309 Palm Coast Parkway, Palm Coast, FL 32137 | Fax: 386-446-0324 |
| Florida Health Care Plans | FHCP Palm Coast City Place Ultrasound Department 145 City Place Parkway, Palm Coast, FL 32137 | Fax: 386-302-0980 |
| Florida Health Care Plans | FHCP Port Orange Ultrasound Department 740 Dunlawton Avenue, Port Orange, FL 32127 | Fax: 386-481-6355 |
| Florida Health Care Plans | FHCP Ormond Beach Ultrasound Department 300 Clyde Morris Boulevard, Ormond Beach, FL 32174 | Fax: 386-238-3256 |
| Cyrus Diagnostic Imaging, Inc. #109138 (N) Patients screened for mobility. | 165 Waymont Court, Lake Mary, FL 32746 | Ph: 407-321-3012 Fax: 407-321-9006 |
| Port Orange Imaging Center #10P730 (N) <i>Will not schedule SNF patients.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Radiology Associates Imaging Deltona #083163 (N) | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-259-5959 Fax: 386-259-5999 |
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| Twin Lakes Imaging Center #10P735 (N) <i>Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

ULTRASOUND-GUIDED NEEDLE BREAST BIOPSY

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

UNLISTED PROVIDERS OR FACILITIES

ANY PROVIDER, HOSPITAL, OR OTHER FACILITY NOT LISTED IN THIS DIRECTORY (OUT OF FHCP NETWORK) REQUIRES PRIOR AUTHORIZATION.

The requesting provider should complete the "[FHCP Referral Form](#)" found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation, including the provider's/facility's name, location, and phone number, to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

A referral to a non-participating or supplemental provider *may be approved* under the following circumstances:

- A particular skill or service is not available from an FHCP provider or an FHCP network provider.
- An FHCP provider or FHCP network provider is not available or accessible with established availability timeframe for prompt service.
- An FHCP provider or FHCP network provider is not geographically accessible to our member.

URGENT CARE SERVICES (1 of 2 pages) – See first: *EXTENDED HOURS CARE CENTERS*

Prior authorization from FHCP Central Referrals is not needed. FHCP members may utilize these facilities when FHCP Extended Hours Care Centers (EHCC) and the member's primary care physician (PCP) are unavailable for medical services. Urgent Care providers should attempt to direct the member to the member's primary care physician (PCP) or an FHCP Extended Hours Care Center (EHCC) if available prior to initiating treatment.

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| Advanced EmUrgent Care All ages | 1639 North Volusia Avenue, Suite B, Orange City, FL 32763 | Ph: 386-777-2273 Fax: 386-628-0045 |
| Advanced Urgent Care All ages | 1690 Dunlawton Avenue, Suite 120, Port Orange, FL 32127 | Ph: 386-271-2273 Fax: 386-271-2274 |
| New Smyrna Beach Urgent Care #10P504 All ages | 1860 Renzulli Road, New Smyrna Beach, FL 32128 | Ph: 386-663-3061 Fax: 386-663-3066 |
| Ormond Beach Urgent Care #10P504 All ages | 126 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-673-9949 Fax: 386-673-9952 |
| PrimeCare at Twin Lakes Ages 6 months+ | 1890 LPGA Boulevard, Suite 130, Daytona Beach, FL 32117 | Ph: 386-274-2212 Fax: 386-274-1508 |
| PrimeCare at New Smyrna Beach Ages 6 months+ | 1327 Saxon Drive, New Smyrna Beach, FL 32169 | Ph: 386-767-2402 Fax: 386-767-1566 |
| Prompt Care of Central Florida All ages | 1133 Saxon Boulevard, Orange City, FL 32763 | Ph: 386-878-4137 Fax: 386-878-4293 |

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URGENT CARE SERVICES (2 of 2 pages) – See first: *EXTENDED HOURS CARE CENTERS*

Prior authorization from FHCP Central Referrals is not needed. FHCP members may utilize these facilities when FHCP Extended Hours Care Centers (EHCC) and the member's primary care physician (PCP) are unavailable for medical services. Urgent Care providers should attempt to direct the member to the member's primary care physician (PCP) or an FHCP Extended Hours Care Center (EHCC) if available prior to initiating treatment.

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| Twilight Pediatrics Ages Newborn to 21 Closed holidays. | 1688 W. Granada Boulevard, Suite 1A, Ormond Beach, FL 32174 | Ph: 386-615-4414 Fax: 386-615-8466 |
| Halifax Health Express Care Clinics All ages HECN Members Only | Halifax Health Express Care Deltona 2090 Saxon Boulevard, Suite B, Deltona, FL 32725 Halifax Health Express Care Ormond Beach 1688 W. Granada Boulevard, Suite 2A, Ormond Beach, FL 32174 Halifax Health Express Care Daytona Beach Shores 3048 South Atlantic Avenue, Daytona Beach Shores, FL 32118 Halifax Health Express Care Port Orange 5440 South Williamson Boulevard, Port Orange, FL 32128 | Ph: 386-425-3300 Fax: 386-425-3301 Ph: 386-425-4460 Fax: 386-425-4461 Ph: 386-845-5450 Fax: 386-845-5454 Ph: 386-425-5451 Fax: 386-845-5455 |

UROGYNECOLOGY

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **If surgery is needed, the urogynecologist's office will submit a [Surgical Prior Authorization form](#).**

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| Julie Schneider, MD #011823 Ages 22+ <i>FHCP Medicare and EPN Triple Option members only</i> | AdventHealth Medical Group Urogynecology at Ormond Beach 335 Clyde Morris Boulevard, Suite 240, Ormond Beach, FL 32174 | Ph: 386-231-6172 Fax: 386-676-6173 |
| Jason R. Thompson, MD #138267 Ages 18+ | Florida Urogynecology & Reconstructive Surgery, PA 6885 Belfort Oaks Place, Suite 210, Jacksonville, FL 32216 | Ph: 904-652-0373 Fax: 904-652-0378 |

UROLOGY (1 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Patient should bring any radiological films to their appointment.

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| Michael Dineen, MD #140128 Evan M. Fynes, MD #043681 Samuel Lawindy, MD #057351 Mathew Merrell, MD #009320 Arash Rafiei, MD #049271 Terrance Regan, MD #001842 Robin Vasan, MD #150834 Stephen Weiss, MD #000126 Ages 18+ | Advanced Urology Institute 545 Health Boulevard, Daytona Beach, FL 32114 506 Palmetto Street, New Smyrna Beach, FL 32168 900 N. Swallowtail Drive, Suite 106, Port Orange, FL 32129 2583 S. Volusia Avenue, Suites 300-400, Orange City, FL 32763 | Ph: 386-239-8500 Fax: 386-239-8530 Ph: 386-427-9554 Fax: 386-427-2157 Ph: 386-756-1945 Fax: 386-239-8530 Ph: 386-774-2121 Fax: 386-774-5505 |
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UROLOGY (2 of 3 pages)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Patient should bring any radiological films to their appointment.

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| John Burgers, MD #148694 Jay Guido, MD #114607 Dane Hermansen, MD #006845 Frank Melograna, MD #146892 Gregory Parr, MD #003795 ACA Members & Florida Urology Group Plan Members Only | The Florida Urology Center, PA 300 Clyde Morris Blvd., Ste. C, Ormond Beach, FL 32174 790 Dunlawton Ave., Ste. H, Port Orange, FL 32127 843 State Road 44, New Smyrna Beach, FL 32168 21 Hospital Dr., Ste. 250, Palm Coast, FL 32164 | Ph: 386-673-5100 Fax: 386-673-6014 (Centralized phone & fax # for all locations) |
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UROLOGY (3 of 3 pages)

THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION. Please complete the “[FHCP Referral Form](#)” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Steven Sidelsky, MD #143417 Ages 18+; adolescents on a case-by-case basis | UF Health Urology at Halifax 311 N. Clyde Morris Boulevard, Suite 480, Daytona Beach, FL 32114 | Ph: 386-317-3960 Fax: 352-627-4654 |
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VACUUM-ASSISTED CLOSURE DEVICES

Please refer to the **WOUND CARE** section of this document for instructions.

VARICOSE VEIN TREATMENT – (1 of 3 pages)

THE BELOW PROVIDERS HAVE BEEN SPECIFICALLY DESIGNATED AS VARICOSE VEIN TREATMENT PROVIDERS.

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Felipe Cadavid, MD #126074 Robert Feezor, MD #10G670 Michael Yacoub, MD #078156 Ages 18+ | UF Health Heart & Vascular Surgery at Halifax 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114 UF Health Surgical Specialists at Halifax Medical Center of Deltona 3400 Halifax Crossing Boulevard, Suite 200, Deltona, FL 32725 | Ph: 386-226-2662 Fax: 386-226-2593 Ph: 386-457-6384 Fax: 386-457-6385 |
| Radiology Associates | 3048 South Atlantic Ave., Ste. 102, Daytona Beach Shores, FL 32118 | Ph: 386-274-6000 Fax: 386-274-5095 |

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VARICOSE VEIN TREATMENT – (2 of 3 pages)

SEE INSTRUCTIONS ON PAGE 1 OF 3 PAGES.

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| Utpal S. Desai, MD #009810 Ravi Dhanisetty, MD #100457 Patrick T. Mangonon, MD #059406 Jason Nieves, MD #089352 Willythssa Pierre-Louis, MD #089352 Ages 18+ | AdventHealth Group Cardiovascular & Thoracic Surgery 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117 1061 Medical Center Drive, Suite 305, Orange City, FL 32763 120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164 | All locations: Ph: 386-231-3600 Fax: 386-231-3602 |
| Thomas Corbyons, MD #004024 All ages | AdventHealth Medical Group General Surgery at Deland 685 Peachwood Drive, Deland, FL 32720 | Ph: 386-738-5300 Fax: 386-738-9537 |
| Frank Toub, MD #006635 Ages 18+ | AdventHealth Medical Group General Surgery New Smyrna Beach 600 Palmetto Street, Suite C, New Smyrna Beach, FL 32168 | Ph: 386-428-8326 Fax: 386-428-2493 |

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VARICOSE VEIN TREATMENT – (3 of 3 pages)

SEE INSTRUCTIONS ON PAGE 1 OF 3 PAGES.

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| Rajendra Hippalgoankar, MD #004674 Mayank Yadav, MD #120661 Ages 18+ Records required prior to scheduling. | Central Florida Heart Associates, PA 932 Saxon Boulevard, Suite A, Orange City, FL 32763 | Ph: 386-774-2100 Fax: 386-774-0326 |
| East Central Florida Outpatient Imaging Center All Ages | 3048 South Atlantic Avenue, Suite 102, Daytona Beach Shores, FL 32118 | Ph: 386-274-6000 Fax: 386-274-5095 |
| Christopher Meyer, MD #074085 Ages 16+ <i>Established patients only.</i> | Florida Vein Care Specialists 75 Fox Ridge Court, Suite D, Debary, FL 32713 | Ph: 321-252-0327 Fax: 321-549-0522 |
| Sukhender Singireddy, MD #010488 All ages | Suncoast Vein & Vascular Center 1728 Dunlawton Avenue, Suite 5, Port Orange, FL 32127 | Ph: 386-304-3404 Fax: 386-304-3135 |
| James T. Sutton, MD #009105 All ages | 1240 W. Granada Blvd., 2 nd Floor, Ormond Beach, FL 32174 | Ph: 386-236-6854 Fax: 386-236-2996 |
| Wing Yi Liu, MD #038604 Ages 18+ Records required prior to scheduling. | Wing Cardiology and Health 161 N. Causeway, Suite C. New Smyrna Beach, FL 32169 | Ph: 386-424-8440 Fax: 386-426-8839 |

VESTIBULAR TESTING, TREATMENT, and REHABILITATION

See **OUTPATIENT REHABILITATION: BALANCE AND VESTIBULAR THERAPY**

VIDEONYSTAGMOGRAPHY (VNG TESTING)

Prior authorization from FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be advise you of their scheduling protocol. Patient should bring any radiological films to their appointment.

An office visit with the specialist, as well as an audiological evaluation, is normally required prior to VNG testing being scheduled. Please see the **HEARING/AUDIOLOGY SERVICES** section of this document for more information.

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| Atlantic Ear, Nose, & Throat, PA All ages | 963 Town Center Drive, Suite 100, Orange City, FL 32763 | Ph: 386-774-9880 Fax: 386-774-2898 |
| Stacy O'Brien, AuD #127046 Kassondra Hemmen, AuD #093175 Arielle Richard, AuD #101749 Marcella Michaels, AuD #126238 Kelsee Lothes, AuD #127149 All ages | 1680 Dunlawton Avenue, Port Orange, FL 32127 1400 Hand Avenue, Suite M, Ormond Beach, FL 32174 263 North Causeway, New Smyrna Beach, FL 32169 | Ph: 386-756-8225 Fax: 386-767-0742 Ph: 386-673-5280 Fax: 386-673-8618 Ph: 386-410-4399 Fax: 386-767-0742 |
| Mirza Beg, MD #037398 Alyn Benezette, DO #003692 Established patients only. Ages 16+ | Coastal Neurology 725 W. Granada Boulevard, Suite 22, Ormond Beach, FL 32137 | Ph: 386-788-2300 Fax: 386-944-6622 |
| Robert P. Collette, MD #003831 Ages 18+ | 763 Harley Strickland Boulevard, Orange, City, FL 32763 | Ph: 386-775-4467 Fax: 386-775-8679 |

WEIGHT MANAGEMENT PROGRAMS

Prior authorization from the FHCP Central Referrals Department is not needed. Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Diabetes & Nutritional Education at

386-238-3228. FHCP members may call **386-676-7133** Mon-Fri from 9am to 5pm to reserve seating.

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| Eat Right Move Right Adult weight-management program BMI of 27 or higher = no charge <i>Individual classes available depending upon need.</i> | Florida Health Care Plans Daytona Beach 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114 <i>Classes available at multiple locations.</i> | Ph: 386-676-7133 Fax: 386-238-3228 |
| Halifax Wellness Center Ages 18+ with a BMI of 30 or higher. Member may self-refer. | 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 | Ph: 386-254-4031 Fax: 386-947-2982 |

For information on the Bariatric Program, call **386-254-4223**, or see the **BARIATRIC SURGERY** section of this document.

WOUND CARE – (1 of 2 pages)

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| Prior authorization for the providers listed here is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. | | |
| Florida Health Care Plans Michael J. Parsons, MD #076682 All ages Health Information Management Fax: 386-481-5009 | FHCP Daytona Beach Wound Care Department 320 N. Clyde Morris Boulevard, Suite D, Daytona Beach, FL 32114 | Ph: 386-238-3200, Option 6 or Ext.3563 Fax: 386-481-6137 |
| Karla McNish, MD #075661 Ages 14+ Health Information Management Fax: 386-481-5009 | FHCP Deland Wound Care Department 937 N. Spring Garden Avenue, Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-736-2784 |
| Michael J. Parsons, MD #154909 Age 14+ Health Information Management Fax: 386-481-5009 | FHCP Edgewater Wound Care Department 239 N. Ridgewood Avenue, Ste. 1 Edgewater, FL 32132 320 North Clyde Morris Blvd., Ste. D, Daytona Beach, FL 32114 | Ph: 386-427-4868 Fax: 386-427-5157 |

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WOUND CARE - (2 of 2 pages)

The provider(s) below REQUIRE PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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| Pedram Zendeough, MD #048492 (Daytona location only) All Ages | Nautilus Health Care Group 600 Palmetto Street, New Smyrna Beach, FL 32168 305 Memorial Medical Parkway, Suite 101, Daytona Beach, FL 32117 | Ph: 386-424-3850 Fax: 386-424-3851 Ph: 386-231-3615 Fax: 386-231-3614 |
| Donald Covington, MD #093237 Paul Johnson, MD #129190 Stephen Levine, MD #079004 Ages 18+ | Halifax Health Center for Advanced Wound Healing 311 N. Clyde Morris Boulevard, Suite 70, Daytona Beach, FL 32114 HECN Members Only | Ph: 386-425-4267 Fax: 386-425-4879 |

WOUND CARE: HYPERBARIC OXYGEN (HBO) THERAPY and VACUUM-ASSISTED DEVICES

REQUIRES PRIOR AUTHORIZATION. The requesting provider should complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Routine requests: Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

Urgent requests: Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

X-RAYS – PLAIN FILMS

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

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| Florida Health Care Plans Daytona Beach (N) Patients weighing 600 pounds and under | 350 N. Clyde Morris Blvd, Daytona Beach, FL 32114 | Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292 |
| Florida Health Care Plans Edgewater (N) Patients weighing 600 pounds and under | 239 N. Ridgewood Avenue, Edgewater, FL 32132 | Ph: 386-427-4868 Fax: 386-427-6350 |
| Florida Health Care Plans Deland (N) Patients weighing 600 pounds and under | 937 N. Spring Garden Avenue., Deland, FL 32720 | Ph: 386-736-1948 Fax: 386-736-2784 |
| Florida Health Care Plans Orange City (N) Patients weighing 485 pounds and under | 2777 Enterprise Road, Orange City, FL 32763 | Ph: 386-774-2550, Ext. 6832 Fax: 386-775-0176 |
| Florida Health Care Plans Ormond Beach (N) Patients weighing 485 pounds and under | 461 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-671-4337 Fax: 386-481-6182 |
| Florida Health Care Plans Port Orange (N) Patients weighing 485 pounds and under | 740 Dunlawton Avenue, Suite 200, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-763-0507 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

X-RAYS – STAT READINGS (1 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting Provider should call the listed facility directly to schedule an appointment.

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| Florida Health Care Plans Daytona Beach (N) Patients weighing 600 pounds and under | 350 N. Clyde Morris Blvd, Daytona Beach, FL 32114 | Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292 |
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| Florida Health Care Plans Ormond Beach (N) Patients weighing 485 pounds and under | 461 S. Nova Road, Ormond Beach, FL 32174 | Ph: 386-671-4337 Fax: 386-481-6182 |
| Florida Health Care Plans Port Orange (N) Patients weighing 485 pounds and under | 740 Dunlawton Avenue, Suite 200, Port Orange, FL 32127 | Ph: 386-763-1000 Fax: 386-763-0507 |

Legend:

- (H) – Outpatient hospital department or facility
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Out of pocket costs may vary, depending on location or benefit plan.

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X-RAYS – STAT READINGS & Plain Films not performed at FHCP (2 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed *except for*: The requesting Provider should call the listed facility directly to schedule an appointment.

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| Akumin #008160 (N) Patients screened for mobility | 1555 Saxon Blvd., Bldg. 4, Suite 401, Deltona, FL 32725 | Ph: 386-860-9336 Fax: 386-860-2225 |
| AdventHealth Fish Memorial Hospital #00YG34 (H) | 1055 Saxon Blvd, 1 st Floor, Orange City, FL 32763 | Ph: 386-917-5428 Fax: 386-917-5576 |
| AdventHealth New Smyrna Beach #00Y010 (H) | 401 Palmetto Street, New Smyrna Beach, FL 32168 | Ph: 386-424-5044 Fax: 386-917-5576 |
| AdventHealth Deland #00YG80 (H) | 701 W. Plymouth Ave., Deland, FL 32720 | Ph: 386-943-4522 Fax: 386-943-4461 |

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X-RAYS – STAT READINGS & Plain Films not performed at FHCP (3 of 3 pages)

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting Provider should call the listed facility directly to schedule an appointment.

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| Port Orange Imaging Center #10P730 (N) <i>Open MRI also available.</i> <i>Will not schedule SNF patients.</i> | 1195 Dunlawton Avenue, Port Orange, FL 32127 | Ph: 386-322-1616 Fax: 386-322-5330 |
| Radiology Associates Imaging Deltona #083163 (N) | 3400 E. Halifax Crossing Boulevard, Suite 170, Deltona, FL 32725 | Ph: 386-259-5959 Fax: 386-259-5999 |
| Radiology Associates New Smyrna Beach #121098 (N) | 1998 State Road 44, Suite 3, New Smyrna Beach, FL 32168 | Ph: 386-957-3930 Fax: 386-888-3870 |
| Twin Lakes Imaging Center #10P735 (N) <i>Will not schedule SNF patients.</i> | 1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124 | Ph: 386-274-5454 Fax: 386-274-5440 |

Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

Out of pocket costs may vary, depending on location or benefit plan.

For changes or corrections to any information found in this document,
please call Nakya Carson in the FHCP Provider Services Department at 386-317-8809.



Setting the Standard in Affordable Coverage & Quality Care