

# Referral form

Thank you for the opportunity to care for your patient.

Our team will connect directly with your patient to schedule an appointment and verify benefits. Please know we are committed to being a collaborative partner with you and will share appropriate communication and updates on progress.

## Referring to

Preferred provider	<input type="radio"/> Ted Ling, MD, MS, Radiation Oncologist	<input type="radio"/> Carolyn Barnes, MD, Radiation Oncologist	<input type="radio"/> or first available doctor
Preferred location	<input type="radio"/> Rancho Mirage	<input type="radio"/> Palm Desert	<input type="radio"/> Yucca Valley

[View back page to see locations](#)

## Referring provider details

Provider name	NPI #	Phone
Practice name	Office contact	
City	State	Zip code

## Patient information

Full name	Date of birth	Gender	Primary contact number
Address			
Preferred language			

## Insurance information

Insurance plan	Phone	Fax
Primary carrier	ID #	Group #
Insurance address		
Secondary insurance plan	Phone	Fax
Primary carrier	ID #	Group #
Insurance address		

## Referral information

Diagnosis/cancers identified	Diagnosed date	Previous treatments

## Additional notes

	Signature
	Referral date

Please attach all relevant pathology and diagnostic reports, as well as photographs, when submitting referral.

Please submit your referral to one of the following:

Tel: (833) 442-7333 | Fax: (239) 931-7322  
[physiciansupport@usa.genescare.com](mailto:physiciansupport@usa.genescare.com)

[genescare.com/us](https://www.genescare.com/us)



# Locations

## 1. Yucca Valley

58295 29 Palms Highway  
Yucca Valley, CA 92284

Tel: (760) 365-6300

## 2. Rancho Mirage

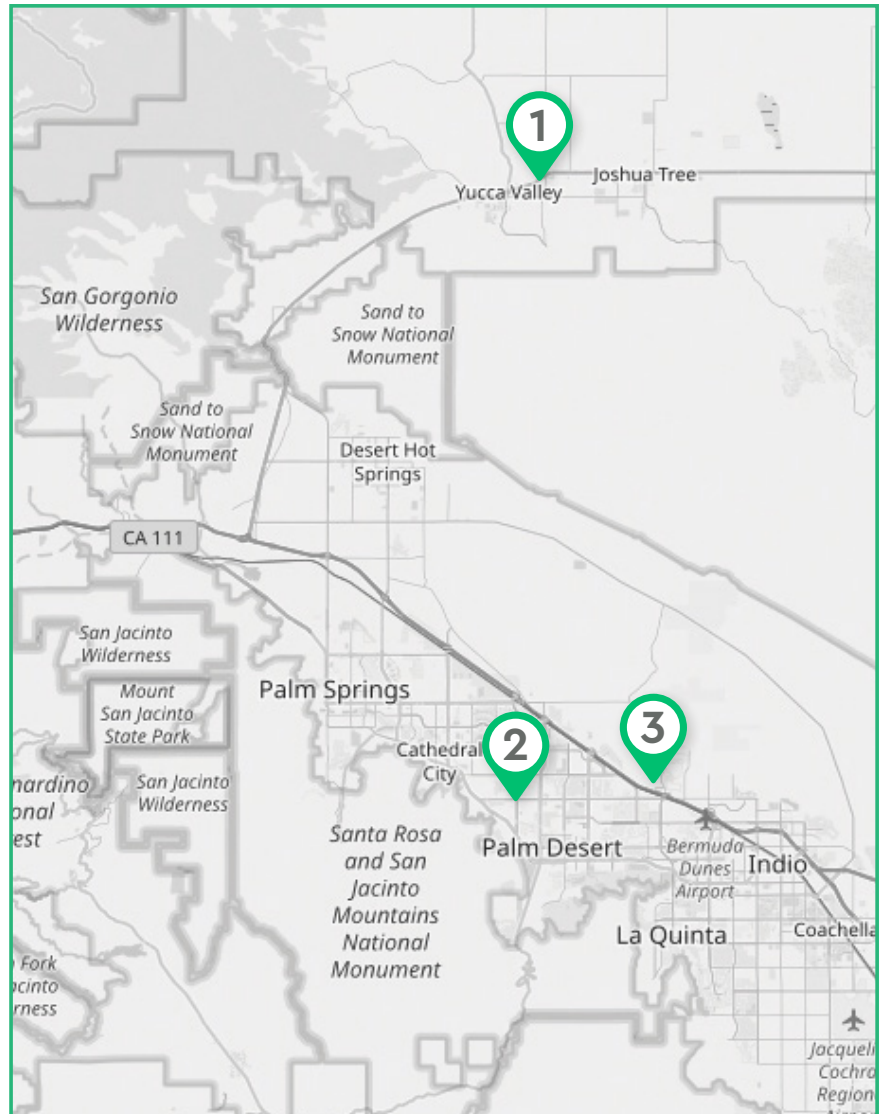
40055 Bob Hope Drive, Suite B  
Rancho Mirage, CA 92270

Tel: (760) 202-3946

## 3. Palm Desert

77-840 Flora Road  
Palm Desert, CA 92211

Tel: (760) 200-8777



For more information, scan the QR code or visit:  
[genesiscare.com/us/desert-refer](https://genesiscare.com/us/desert-refer)