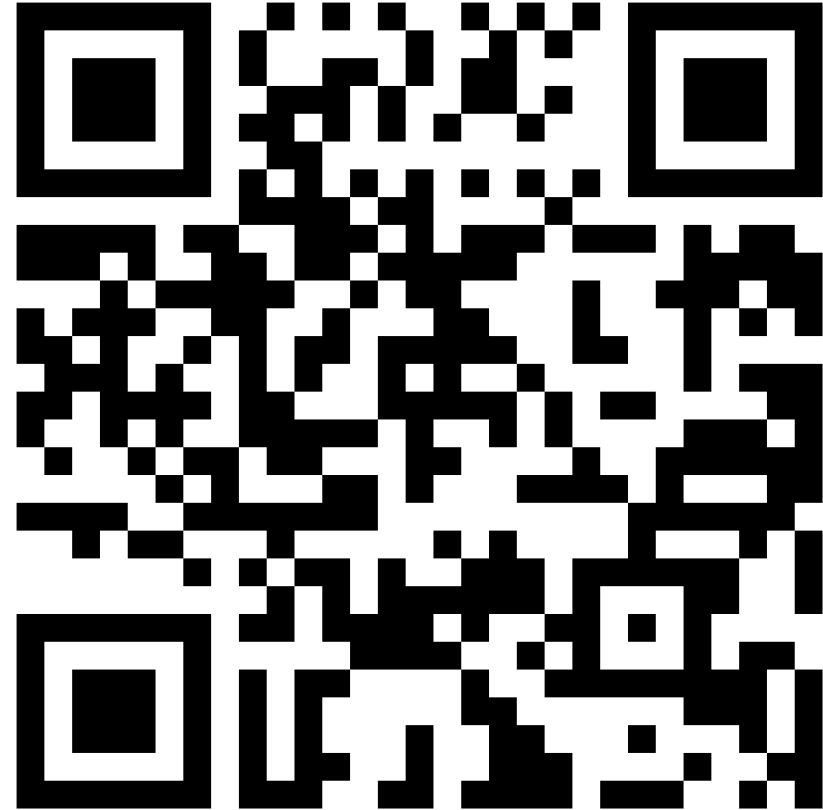


Online Referral Portal

RVOHealth Quit Services

To get started, visit
<https://rallycoaching.my.site.com/referral/s/>
or scan the QR code



Quit Services

Choose the state where the referred patient lives

Select a State

1. Select the state from the drop down in which the participant lives

2. Select 'Search Referring Facility' or check the box indicating you are not affiliated with a Facility

Note: You are able to make a referral to the Quitline without being associated with a referring facility

Quit Services

Facility and Healthcare Professional Search

[Search Referring Facility](#)

☐ I am not affiliated with a Facility

[Search Healthcare Professional](#)

Referral Contact Information

* First Name

Middle Name

* Last Name

* Date of Birth

* Phone Number

May we send text messages to this number?

☐ Yes

☐ No

Primary Language

State

☐ I confirm that the fax or email provided here is HIPAA compliant ⓘ

Zip Code

Referring Facility

NPI #

NOT ISSUED NPI # ☐

Please visit NPPES NPI Registry to find NPI number : <https://npiregistry.cms.hhs.gov/search>

3. There are two ways in which you can search for your facility. The first, is searching by your NPI # if you are a healthcare professional who is issued an NPI # or you can select "Not Issued NPI #" to search a different way.

4. If you are not issued an NPI #, you'll be able to look up your information using a combination of your Facility Name, Zip and Fax Number. If searching by City and State, please use Address to limit search results.

Referring Facility

NPI #

NOT ISSUED NPI # ☒

Please search by a combination of Facility Name, Zip and Fax. If searching by City and State, please use Address to limit search results.

Facility Name

Address

City

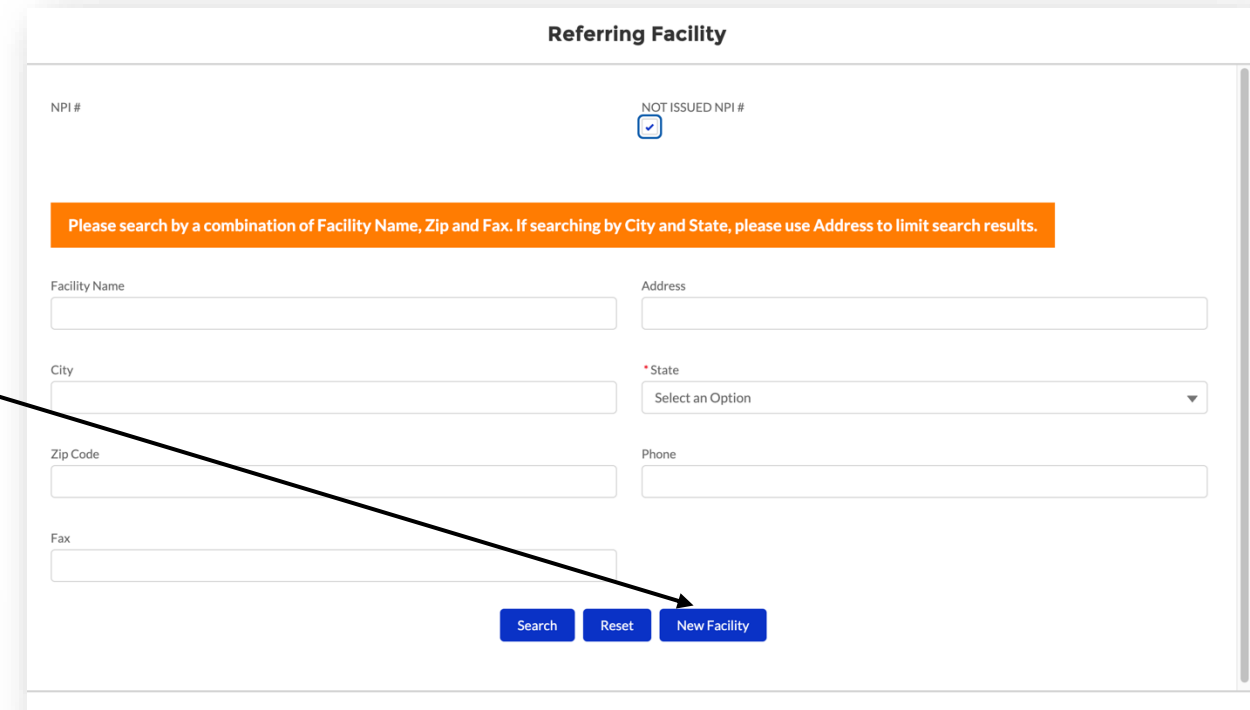
*State

Zip Code

Phone

Fax

5. If this is your first time referring with RVOHealth to the Quitline, select 'New Facility' where you'll then be able to add your Referring Facility information to be stored for future use.



Referring Facility

NPI # NOT ISSUED NPI # ☒

Please search by a combination of Facility Name, Zip and Fax. If searching by City and State, please use Address to limit search results.

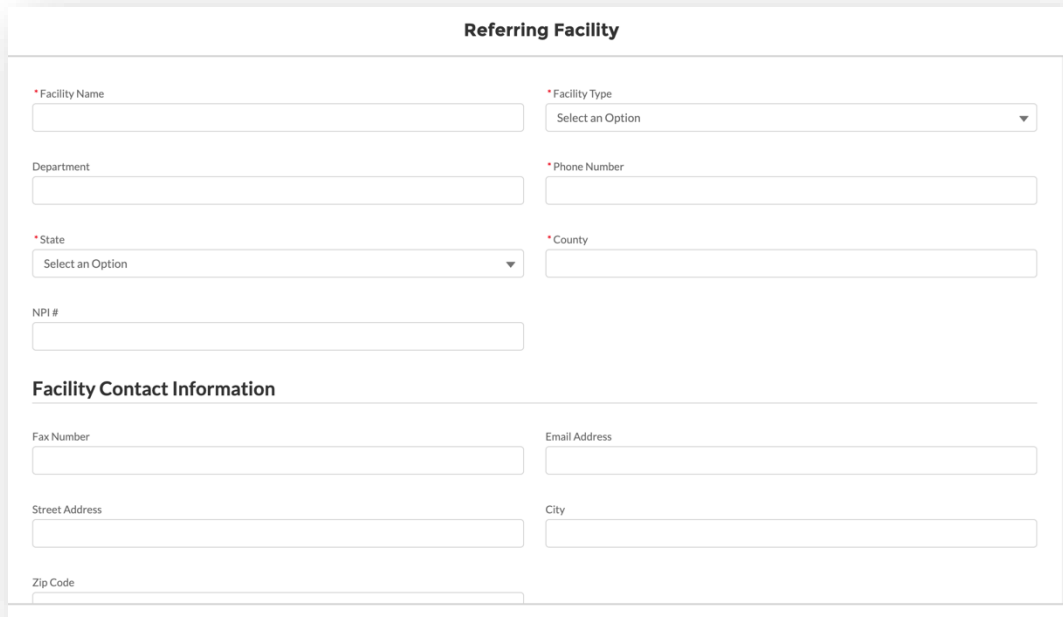
Facility Name Address

City *State

Zip Code Phone

Fax

An arrow points from the text in step 5 to the 'New Facility' button.



Referring Facility

*Facility Name *Facility Type

Department *Phone Number

*State *County

NPI #

Facility Contact Information

Fax Number Email Address

Street Address City

Zip Code

Red asterisks (*) indicate required fields. An arrow points from the text in step 6 to the 'Facility Contact Information' section.

6. Enter the required fields as indicated by the red *

7. Once you've entered your referring facility information, you can now enter your Healthcare Professional information by selecting 'Search Healthcare Professional'

Quit Services

Facility and Healthcare Professional Search

Referring Facility
The Lighthouse

☐ I am not affiliated with a Facility

Referral Contact Information

* First Name	Middle Name
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	<input type="text"/>
* Phone Number	May we send text messages to this number?
<input type="text"/>	<input type="radio"/> Yes
	<input type="radio"/> No
Primary Language	State
<input type="text"/>	Ohio

Referring Healthcare Professional

NPI #

NOT ISSUED NPI # ☐

Please visit NPPES NPI Registry to find NPI number : <https://npiregistry.cms.hhs.gov/search/>

Referring Healthcare Professional

NPI #

NOT ISSUED NPI # ☒

Please search by a combination of First Name, Last Name, Zip and Fax. If searching by City and State, please use Address to limit search results.

First Name	Last Name
<input type="text"/>	<input type="text"/>
Address	City
<input type="text"/>	<input type="text"/>
* State	Zip Code
Select an Option	<input type="text"/>
Fax	Phone
<input type="text"/>	<input type="text"/>

8. Similarly, you have the option to search by NPI #, healthcare professional information such as First Name, Last Name, Zip and Fax or create a 'New Healthcare Professional' for your information to be stored for next time.

9. Enter the participant information.

Referral Contact Information

* First Name

Middle Name

* Last Name

* Date of Birth

* Phone Number

May we send text messages to this number?

Yes

No

Primary Language

State

Ohio

☐ I confirm that the fax or email provided here is HIPAA compliant

* Would you like an Outcome Report on whether the patient enrolled, declined, or was unreachable? Please select your preferred method.

Select Outcomes Report type

Zip Code

10. If you would like an outcome report and are authorized to receive patient information, ensure that the check box is marked confirming your fax or email provided is 'HIPAA compliant' along with indicating you would like and outcome report.

11. You have the option of receiving an outcome report in one of two ways – fax or email – by indicating the Outcome Report method.

RVOHealth

12. You have the option to ask the patient if they have a 'best contact time' for both week days and weekends.

13. If you are a physician who has the ability to pre-authorize NRT use, please indicate if patient is medically authorized to use NRT.

If you do not have the ability to pre-authorize NRT, please select 'no'.

**by selecting 'no' the participant will still be screened, dosed and shipped NRT if eligible. This section of the referral form is to reduce barriers for participants who made need medical clearance in order to receive NRT and are being referred by their doctor.

The screenshot shows a web form titled "Best Contact Times". It has two columns of checkboxes for "When are good Weekday times to call?" and "When are good Weekend times to call?". Below this is a section titled "If your patient has any health conditions, use this section to pre-authorize NRT". It includes a note about patient benefits, a "NRT Pre-Authorization" section with "No" and "Yes" radio buttons, and a "Confirmation" section with a checkbox for consent. At the bottom right are "I'm not a robot" (with a reCAPTCHA logo), "Cancel", and "Submit" buttons. Three arrows point from the text on the left to the form: one to the weekday time checkboxes, one to the "NRT Pre-Authorization" radio buttons, and one to the "I'm not a robot" checkbox.

Best Contact Times

When are good Weekday times to call?

- ☐ Mornings (8am - 12pm)
- ☐ Afternoons (12pm - 4pm)
- ☐ Evenings (4pm - 8pm)

When are good Weekend times to call?

- ☐ Mornings (8am - 12pm)
- ☐ Afternoons (12pm - 4pm)
- ☐ Evenings (4pm - 8pm)

If your patient has any health conditions, use this section to pre-authorize NRT

* Note: as patients have different benefits, using this form does not guarantee they will get free quit medications.

* NRT Pre-Authorization

☐ No

☐ Yes

Confirmation

* ☐ By submitting this referral, you confirm that you obtained the patient's consent to be contacted by Quit for Life at the phone number provided.

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

Cancel Submit

14. Check the box to confirm patient consent to be referred to the Quitline. Indicate you are 'not a robot' and hit 'Submit'. Celebrate with your patient on making the first step in their tobacco or nicotine cessation journey!