HMO REFERRAL PROCESS

- Call your Primary Care Provider's office & let them know you need an **authorized** insurance referral sent to The Dermatology Institute of Boston (with an authorization number).

- Provide our **FAX #** & **NPI #** of the provider you are seeing
  - **FAX NUMBER**: 857.317.2811

- PROVIDER NPI INFORMATION:
  - DR. ALI AL-HASENI: 1144751777
  - DR. SHIRI NAWROCKI: 1811512627
  - DR. NARI LEE: 1952884371
  - ASHTON FRULLA, MSN, NP-C, DCNP: 123567560
  - ALEXANDRA DEROSA, PA-C: 1710726948
  - KIRSTEN SWENSON, PA-C: 1447189246

- Make sure it is **backdated** to the day of your appointment you did not have a referral for.

- Example: You came in 08/07/25 without a referral, ask your PCP office to backdate to 08/07/25.