

### PHYSICIAN REFERRAL FORM

Thank you for this referral. Please complete the information below, so we may process your request in a timely manner. We will contact your patient prior to scheduling and your office will be notified when an appointment has been secured.

- Document Check List:
- Physician Referral Form
  - Complete demographics/face sheet
  - Insurance Cards (copy of front & back of card)
  - Medical records (office notes, labs, diagnostic tests, operative reports)

Reason for Referral: \_\_\_\_\_

#### Patient Information (Please provide copy of patient demographics/face sheet)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Patient's Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is Interpreter Needed? Y/N Language: \_\_\_\_\_

#### Referring Provider Information (Residents and fellows cannot be considered referring physicians)

Referred by (MD): \_\_\_\_\_ Medical Group: \_\_\_\_\_  
Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ PCP: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Referring MD National Provider Identifier (NPI): \_\_\_\_\_  
This form completed by: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### Insurance/Billing Information

Primary Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Secondary Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Subscriber Relationship: \_\_\_\_\_ (If guarantor not same as subscriber, please provide guarantor information)  
Guarantor Name: \_\_\_\_\_ Guarantor Relationship: \_\_\_\_\_  
Guarantor DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Guarantor SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### Authorization

Not Required      Authorization/Referral #: \_\_\_\_\_ Date Effective: \_\_\_\_\_  
Submitted/Pending Reference #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Internal Use only:      Date received: \_\_\_\_\_  
Date of appointment: \_\_\_\_\_