

# INSURANCE COMPANY REFERRAL REQUEST FORM

Your insurance company may require this for consults, imaging, lab, emergency room visits, physical therapy and for appointments with specialists. We do our best to help you with your insurance plan, but our help is provided with the understanding that it is not intended as, and does not constitute legal, accounting, or other professional advice or any promise on our part that your insurance will perform in any specific way.

## Authorizations and Referrals

If you need an authorization or referral then this is what you should do:

- Ask us for an authorization or referral request form.
- Fill it out COMPLETELY
- Return the completed form to us at least 7 business days before your procedure is due.

If you have extenuating issues that prevents you from complying with this time line, we will do our best to work with you up to 5 days before your visit. We probably will not be able to get authorizations completed in less than 3 working days. Keep in mind that referrals can not be backdated.

## Patient Referral Request Form

In order to try to get your insurance company to pay for your medical care, we must work together to obtain an authorization for referral from them. The referral process has several components:

1. Completely fill out all details on this form. Please check for accuracy in all areas. If there are errors, this may delay the referral process.
2. E-mail, Fax or hand-deliver this form to our office.
3. Once received by us, we will use the information to try to get your insurance company to give you any necessary authorization for the referral.
4. Once we receive the authorization, you can pick it up, or we can fax it to you. Please call us to confirm it is ready. We do not mail referrals due to potential delays and/or losses.

**Referrals will be obtained in the order received by our staff. Depending on the circumstances, obtaining the referral may take our staff up to a week or more. Kindly make your appointments enough in advance to allow our staff to complete this task.**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Phone No.: \_\_\_\_\_

Patient Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Patient's Insurance ID #: \_\_\_\_\_

Specialist's Name & Specialty: \_\_\_\_\_

Specialist's Address & Phone No.: \_\_\_\_\_

Reason for your Referral Request (chief complaint, symptoms): \_\_\_\_\_

Date of your Appointment: \_\_\_\_\_

.....  
(For our office use only): Specialist's Provider ID# for your insurance & NPI #: