



201 Sivley Road, Suite 400
Huntsville, AL 35801
Phone: (256) 265-2895
Fax: (256) 265-9777

Referral Date: _____

Referral To:

- Rony Najjar, MD Deepak Katyal, MD Farin Smith, MD Jeffrey Walker, MD
- Kevin Tyler, MD Tara Dorsey, CRNP 1st Available

Referring Provider: _____ Contact Person: _____

Office Number: _____ Office Fax Number: _____

Reason for Referral: _____

Patient Name: _____

Date of Birth: _____ Social Security #: _____

Home Address: _____

Best Contact Number (Home / Cell / Work): _____

Alternate Phone Number (Home / Cell / Work): _____

Ins/Primary Name: _____

Policy#: _____ Grp: _____

Ins/Secondary Name: _____

Policy #: _____ Grp: _____

Instructions for referring office:

- Attach referral if required (BC Exchange, Tricare, etc.)
- Co-pay is due at time of service. If patient is self-pay, \$81 is due at time of service.
- Fax all records related to patient's condition.
- Send copy of patient ID and insurance card.
- Patient is to bring all medications or list of medications to appointment.
- If there are films from outside of HH, ask patient to bring films with them to the appointment.

To be completed by Huntsville Surgical Associates staff

Date / Time of Appointment: _____

Staff Name / Date / Time _____

Patient notified

New patient packet mailed /emailed

Revised 4/20/2023