

Fax Referral FormPlease fax pertinent office notes, imaging, insurance referral and this form to **(256) 265-5865**.

Please select which provider and location you would like to refer to:

Provider*Pulmonary*

- First Available
- Luther Corley, MD
- W. Alan McCrory, MD
- Muhammad Shafi, MD
- Diwas Shahi, MD
- Saketh Shekar, MD
- Misbah Siddiqui, MD
- Jason Smith, MD
- Richard Sneeringer, MD
- Murthy Vuppala, MD
- Derek Wells, MD

Sleep

- First Available
- Robert Buss, MD
- Marijo-Anne Lopez Molina, MD
- Richard Sneeringer, MD
- Mark Tafazoli, MD
- Murthy Vuppala, MD
- Reiga Evans, PA-C
- Carol Bullock, CRNP
- Jennifer Tootle, CRNP
- Todd Pridmore, CRNP

Location

- Huntsville Office
- Madison Office
- Decatur Office

PFT Referrals

- PFT
- Spirometry
- 6-Minute Walk Test

Referral Details

Referring Provider _____ Office Contact _____

Phone _____ Fax _____

Diagnosis and ICD Codes _____

Patient Information

Full Legal Name _____

Gender _____ DOB _____ SSN _____

Parent/Guardian Name _____

Address _____

Best Phone # _____ Alternate Phone # _____

Emergency Contact _____ Relationship _____

Emergency Phone # _____

Primary Language, other than English _____ Is an interpreter needed? _____

Email _____

Primary Insurance to File

Insurance Company Name _____

Policy # _____ Group # _____

Insured's Name _____ Relationship to Patient _____

Insured's Social Security # or I.D. # _____ Insured's Date of Birth _____

Secondary Insurance to File

Insurance Company Name _____

Policy # _____ Group # _____

Insured's Name _____ Relationship to Patient _____

Insured's Social Security # or I.D. # _____ Insured's Date of Birth _____

Once we have all the pertinent information, an appointment will be scheduled. Please note if referral information is incomplete it will result in a delay of scheduling as all information must be received before an appointment will be scheduled. We will contact your office and the patient with their appointment. Please call our office at **(256) 265-5864** with any questions or concerns.