

Referral to:

Matthew Hunt     Douglas Downey     Marc Zelickson     Veeraiah Siripurapu

8371 Highway 72 W, Suite 206  
Madison, AL 35758  
(Madison Medical 1)

201 Sivley Road, Ste. 330  
Huntsville, AL 35801  
(Blackwell Medical Tower)

Referral From: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Office Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ins/Primary Name: \_\_\_\_\_

Policy#: \_\_\_\_\_ Grp: \_\_\_\_\_

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

Insurance Information *(provide patient information unless patient is a minor, then provide guarantor's information)*

**PRIMARY INSURANCE**

Insurance name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Subscriber's name: \_\_\_\_\_ Copay amount: \_\_\_\_\_  
Subscriber ID/Contract Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Subscriber's SSN: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_  
Subscriber's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**SECONDARY INSURANCE**

Insurance name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Subscriber's name: \_\_\_\_\_ Copay amount: \_\_\_\_\_  
Subscriber ID/Contract Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Subscriber's SSN: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_  
Subscriber's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Instructions: *(Check off to verify done)*

- |  |  |
|--|--|
| <input type="checkbox"/> Referral requested<br>(Tricare, HealthSpring, Medicaid etc.)                    | <input type="checkbox"/> Patient to bring all medications or list of<br>medications to appointment |
| <input type="checkbox"/> Referring physician office to fax all records related<br>to patient's condition | <input type="checkbox"/> Patient to bring co-pay and/or \$75 if self-pay                           |
| <input type="checkbox"/> Request office to send copy driver's license and<br>insurance card with records | <input type="checkbox"/> New patient packet sent   |

\_\_\_\_\_  
Staff Initials/Date/Time