

Name of Referring Practice:_____

Appointment Referral Fax Form Phone: (704) 998-0965 for Scheduling/Referral

Physician: _____

Fax: (704) 644-1827

<u>Please complete ALL information listed below to help us process this referral and expedite treatment to your patient.</u>

Patient Information	Contact Person:			Phone:	F	ax#:		
Address:	Patient Info	ormation						
Home Phone:	Patient's Name:				I	OOB:	Gender:	
Parents/Guardian's Name: Parents' DOB Relationship:	Address:			_ City:		State Z	Zip Code	
Interpreter Needed Type: Spanish Hearing Impaired Other: Insurance Information - Please include front and back copies of the patient's card Primary Insurance: DOB: Policy#: Group#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Secondary Insurance: Subscriber's Name: DOB: Policy#: Group#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Symptoms: Symptoms: Effective Dates: to	Home Phone:			Cell Phone:	Cell Phone:Email Address:			
Insurance Information - Please include front and back copies of the patient's card Primary Insurance: Subscriber's Name: DOB: Policy#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Secondary Insurance: Subscriber's Name: DOB: Policy#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Symptoms: Locations & Physicians Locations First Available Physicians Locations Physicians Physicians Locations Physicians Physicians Eastover Herring Hungness Norris Roberts Sciler Patel Silton Concord Collins Errington Herring Klimas Patel Sallantyne Lapuente Roberts Sciler Silton Patel SouthPark Sciler Silton Lapuente Rock Hill Lapuente Rock Hill Lapuente Rock Hill Lapuente Rock Hill Coldins Errington Hungness Patel SouthPark Coldins Errington Hungness Patel SouthPark Coldins Errington Hungness Rock Hill Coldins Errington Hungness Rock Hill Coldins Errington Hungness Roberts Sciler Silton SouthPark Coldins Errington Hungness Roberts Sciler Silton SouthPark Coldins Errington Hungness Roberts Sciler Silton Sciler S	Parents/Guardian's Name:			Parents' DOB		Relationship:		
Primary Insurance: Subscriber's Name: DOB: Policy#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Secondary Insurance: Subscriber's Name: DOB: Policy#: Group#: Authorization/NPI#: # of Visits: Effective Dates: to Symptoms: Effective Dates: to Symptoms: Physicians Locations & Physicians Locations First	☐ Interpre	ter Needed	d Type: 🗖 Spar	nish 🗖 Hearing I	mpaired 🗖 Otl	ner:		
Authorization/NPI#: # of Visits: Effective Dates:						•		ard
Secondary Insurance: Subscriber's Name: Authorization/NPI#: # of Visits: Effective Dates: to Symptoms: Locations & Physicians Locations Physicians Patel Patel	Subscriber's Name:			DOB:	Policy #: _	Group#:		
Subscriber's Name:	Authorization/NPI#:			# of Visits: to to				
Authorization/NPI#: # of Visits: Effective Dates: to Symptoms: Locations & Physicians Locations First Available Physicians Eastover Herring Hungness Norris Roberts Seiler Ballantyne Chadha Collins Errington Lapuente Patel Silton Concord Collins Errington Herring Klimas Patel Gastonia Lapuente Roberts Seiler Silton Castonia Herring Langley Norris Rock Hill Chadha Collins Lapuente Rock Hill Chadha Errington Hungness Patel SouthPark Collins Errington Hungness Roberts Seiler Silton Collins Langley Norris Roberts Seiler Silton Collins Langley Norris Roberts Seiler Silton Collins Langley Norris Roberts Seiler Collins Col	Secondary I	nsurance: _						
Locations & Physicians	Subscriber's	Name:		DOB:	Policy#: _	G	roup#:	
Locations & Physicians Physicians Physicians Seiler Seil	Authorizatio	on/NPI#:		# of Visits	: Effective	Dates:	to	
Locations First Available Physicians Roberts Sciler	Symptoms	.			-			
Locations Available Hungness Norris Roberts Seiler				Locations &	Physicians			
Eastover	Locations				Physicia	ans		
Concord	Eastover		☐ Herring	☐ Hungness	□ Norris	☐ Roberts	☐ Seiler	
Gastonia	Ballantyne		☐ Chadha	□ Collins	☐ Errington	☐ Lapuente	☐ Patel	☐ Silton
Gastonia	Concord		☐ Collins	☐ Errington	☐ Herring	☐ Klimas	☐ Patel	
Monroe	Gastonia		☐ Lapuente		☐ Seiler	☐ Silton		
Rock Hill	Lake Norman		☐ Herring	☐ Langley	☐ Norris			
Rock Hill □ Chadha □ Errington □ Hungness □ Patel SouthPark □ Collins □ Errington □ Hungness □ Klimas □ Langley □ Silton University □ Klimas □ Langley □ Norris □ Roberts □ Seiler Uptown □ □ Morris □ Roberts □ Seiler	Monroe		☐ Chadha	□ Collins	☐ Lapuente			
SouthPark	Rock Hill				-	☐ Patel		
Uptown	SouthPark		☐ Collins			☐ Klimas	☐ Langley	□ Silton
Uptown	University		☐ Klimas	☐ Langley	□ Norris	☐ Roberts	☐ Seiler	
	Uptown			<i>U V</i>				
Waverly	Waverly		☐ Lapuente	☐ Patel				

If you have not received a response to this fax in 5 business days please contact our physician priority line at 704-998-0965

We will send you an appointment confirmation sheet back after we have tried to contact your patient.

If you prefer, you may send referrals directly from your Electronic Health Record System as we are participating in the Health Information Systems Program.