



**Greenbrier Valley Ear, Nose, Throat and Facial Plastic Surgery**

Dr. Christopher L. White and Physicians Assistant Brent May

152 Dawkins Drive Lewisburg, WV 24901

(304)645-0870 Fax (304) 645-0970

**TO ENSURE EFFICIENCY IN OUR OFFICE AND PREVENT INTERNAL BILLING ERRORS WE DO NOT ACCEPT MEDICAL REFERRAL WITHOUT A COPY OF THE FRONT AND BACK OF THE PATIENTS CURRENT INSURANCE CARD. PLEASE DO NOT SEND REFERRAL WITHOUT THIS INFORMATION.**

Date of Request: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

REQUESTED INTERVENTION

CONSULTATION

- Refer patient back for follow up
- Confirm Diagnosis
- Advise to Diagnosis
- Suggest medication or treatment
- Procedure requested for consideration \_\_\_\_\_

REFERRAL

- Assume management of problem and return patient after conclusion of care
- Assume future management of this problem

Reason for Referral: \_\_\_\_\_

Pre-Certification Required?  YES  NO Pre-Cert# \_\_\_\_\_ Visits: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

INURANCE INFORMATION

**Primary Insurance:** \_\_\_\_\_ **Identification #** \_\_\_\_\_ **Group#** \_\_\_\_\_

**Name of Insured/Relationship:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ **Identification #** \_\_\_\_\_ **Group#** \_\_\_\_\_

**Name of Insured/Relationship:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

Appointment Scheduled on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

Patient Notified \_\_\_\_\_  Referring Provider Notified \_\_\_\_\_ Staff Initials: \_\_\_\_\_