Today's Date:// Time:Date of Referral Appointment://
Referral Request Worksheet – Mary Lee, M.D.
Your primary care physician has referred you to a specialist. It is your responsibility to verify with your insurance carrier if a referral pre-authorization is required for your specialist visit. If so, please complete this worksheet.
Please follow these referral request guidelines: 1) Your primary care physician must approve your referral request before you make the referral appointment.
2) Make the appointment with the referral doctor a minimum of 7 business days <u>before</u> requesting the referral authorization from our office. The expected time frame in which you should be able to get an appointment with a specialist is within 2 weeks. If you cannot get in within 2 weeks and it is an emergent issue, contact our office and we will contact the specialist and see what we can do.
3) Complete the <u>patient information</u> and <u>referral information</u> sections of this Referral Request Worksheet . Please print legibly. If we cannot read your information, we cannot process your referral.
4) After completing this worksheet, you may request the referral one of two ways: -Call the office at (248) 419-5111 and relay the information on this Referral Request Worksheet -Fax this worksheet to the office at (248) 419-5112
5) If you have any questions concerning your referral, you may contact us at (248) 419-5111 during normal business hours: Monday, Wednesday, and Friday 9 a.m 4 p.m., and Tuesday, Thursday 9 a.m 5 p.m. If you haven't heard from our office, assume your referral went through successfully.
Patient Information: Name:Date of Birth:// First Last (legal name - no nicknames)
Phone#: Home: ()
Primary Care Physician: Dr. Mary Lee, M.D.
Primary Insurance Carrier: Blue Cross/Blue Shield _Blue Care Network HAP (Please check one) Total Health Care Cigna Aetna Medicaid Other
Referral Information:
Referral Doctor's Name: Specialty:
Phone#: () Fax#: () Office Location:
(Address, City, State, & Zip)
Type of Referral/Reason:Office Visit/Consultation Reason:
Other Reason:U of M Other:Beaumont TroyU of M Other:
This Area For Office Use Only:
Referral Doctor's Provider ID#; Diagnosis Code(s)Procedure Code(s):