

# Referidos G-BAY

Paciente que regresa a nuestra clínica con plan médico:



**PACIENTE NECESITA UN REFERIDO**

Referido 1

98942 - manipulación x \_\_\_\_

**Doctor Quiropráctico: Dr. Alexis Valentín Rodríguez**

**MODELOS DE REFERIDOS EN PRÓXIMAS PAGINAS**

Cualquier duda de cómo llenar estos referidos  
nos puede llamar al 787-221-3971

L-V 8:00am - 5:00pm



## Referral / Consultation Form



Issued Date

Referral Authorization Number  
RF **0123456789**

Last Name

**Del Pueblo Pecos**

First Name

**Juan**

Member/Beneficiary ID

**012345698**

Plan

**MMM** IPA  No IPA

PCP/Referring Physician Name

**Dr. Pedro Del Pueblo Rosa**

PCP/Referring Physician Phone Number

**787-000-0000**

PCP/Referring Physician NPI Number

**NPI doctor Primario**

IPA Name

**IPA de Paciente**

Specialist Name

**Dr. Alexis Valentín Rodríguez**

Specialty

**Chiropractic**

Diagnoses

**##### , #####, #####**

Reason for Consultation or Referral

**Manipulaciones (98942)**PCP/Referring Physician Signature: **Firma Medico Primario****FOR ELECTRONIC BILLING** use Referral Authorization Number as a Pre-Authorization Number in field 23 of the CMS-1500Face to face evaluation management

History of present illness/problem:

Patient physical examination and other objective data findings (include study's results):

Assessment (include established/final diagnoses):

Plan of treatment and recommendations:

Date of Consultation:

/ /

Specialist's Name: \_\_\_\_\_

Specialist type: \_\_\_\_\_

Follow-up Visit(s) if Necessary:

Specialist Signature: \_\_\_\_\_

NPI Number: \_\_\_\_\_

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

(Consultant Reply to Primary Physician)