

Referidos G-CAG

Paciente que regresa a nuestra clínica con plan médico:



PACIENTE NECESITA UN REFERIDO

Referido 1

98942 - manipulación x ____

Doctor Quiropráctico: Dr. Omar Valentín Rodríguez

MODELOS DE REFERIDOS EN PRÓXIMAS PAGINAS

Cualquier duda de cómo llenar estos referidos
nos puede llamar al 787-221-5228

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. Omar 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)