

McLaren Print System Order

Order No: 53274 Reprint Previous Order No: 22187
Order Date: 2020-03-11
User: Verna Lee
Phone: 989-370-2708

Ship Location: McLaren Primary Care - Attn: April Townsend
1360 N. St. Helen Rd.
St Helen, MI 48656

Forms

Quantity: 100
Paragon Dept No: 69260
Dept Name: McLaren Primary Care
Company Number: 810

Order Total Price: 0.00

Item Number: MM-4002
Item Description: New Patient Referral Form
Revision Date: 9/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



PLASTIC AND
RECONSTRUCTIVE SURGERY
3175 W. PROFESSIONAL DRIVE
BAY CITY, MI 48706
PHONE 989-316-4110 FAX 989-316-4115

NEW PATIENT REFERRAL FORM

REFERRING OFFICE TO COMPLETE AND FAX 989-316-4115

TODAY'S DATE _____
PATIENT NAME _____ O.B.B. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL/WORK _____
REFERRING PROVIDER _____ PHONE _____ FAX _____
REASON FOR REFERRAL: _____
PRIMARY INSURANCE: _____
PATIENT ID# _____ GPN# _____ EFFECTIVE DATE _____
SECONDARY INSURANCE: _____
PATIENT ID# _____ GPN# _____ EFFECTIVE DATE _____

Please fax this form back to us with labs, tests, notes, including other provider notes records and any information pertaining to this referral. Please include all insurance information and prior authorization that may be required. We will review all information prior to contacting the patient with a scheduled appointment.

1. Does patient's insurance require a referral and/or insurance authorization?
Referral and/or copy of referral _____

Dr. Yonick's Office Use Only

Appointment Date _____ Time _____
Patient notification Date _____ Staff Initials _____
Referring provider notified Date _____
New patient packet mailed on Date _____ Staff Initials _____
Insurance verified: Yes _____ No _____ Method _____