



FLINT

Neuroscience Institute • Interventional Neurology

401 S. Ballenger Highway, 3 North • Flint, MI 48532 • Phone: 810-342-5700 • Fax: 810-342-5504

REQUEST for REFERRAL

Request Date: \_\_\_\_\_

DEMOGRAPHICS and INSURANCE INFORMATION:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient email \_\_\_\_\_

Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_ Insurance ID/ Contract: \_\_\_\_\_

REFERRING TO:

Physician:

- Mahmoud Rayes, MD  Bharath Naravetla, MD  Aniel Majjhoo, MD

Location:

- McLaren Flint: Neuroscience Institute/Interventional Neurology 401 S. Ballenger Hwy, 3-North Flint, MI 48532
- McLaren Macomb: Neuroscience Institute/Interventional Neurology 1000 Harrington Blvd. Mt. Clemens, MI 48043

REQUESTED SERVICE:

Date of Service/ Start of Care: \_\_\_\_\_  New Patient  Existing Patient  Open Referral

Office Visit  Inpatient Procedure at McLaren Flint  Diagnostic Testing: \_\_\_\_\_

Cerebral Angiogram (Patient must be seen in clinic by our physician first)  Other: \_\_\_\_\_

If Referring Patient for Office Visit or Cerebral Angiogram all items below must be included for office visit, if incomplete the patient cannot be scheduled:

- Office Visit Note: \_\_\_\_\_
- Reports of all brain Imaging: \_\_\_\_\_
- Patient Demographics including updated insurance information: \_\_\_\_\_
- CD/DVD of all brain imaging if not performed at McLaren Flint
- Medication List
- Global Authorization Completed if Indicated by Patient Insurance Policy (Include Auth #) \_\_\_\_\_

DIAGNOSIS CODE:

- I67.1 Cerebral Aneurysm, Non-ruptured
- I63.9 Stroke
- Q28.2 Arteriovenous Malformation
- I66.9 Occlusion and Stenosis of Unspecified Cerebral Artery (please specify) \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE, PLEASE CALL THE OFFICE IF THERE ARE QUESTIONS.

CONFIDENTIALITY NOTE

This information may have been disclosed to you from records whose confidentiality is protected by federal and state laws. Federal regulations including (42 CFR, Parts 160 and 164) and state laws (Public Act 258, Chapter 7, Section 748) prohibit you from making any further disclosure of it without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

If the reader of this information is not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, or reproduction of this information is strictly prohibited. If you have received this information in error, please immediately notify us by telephone and return the original to us at the address listed above via the United States Postal Service. Thank you.