

McLaren Print System Order

Order No: 80660
Order Date: 2023-10-19
User: Angie Claerhout
Phone: 9896673420

Ship Location: Bay Neurology
4175 N Euclid Ave Suite 12
Bay City, Michigan 48706

Forms
Quantity: 100
Paragon Dept No: 51523
Dept Name: McLaren Bay Neurology
Company Number: 210

Order Total Price: 3.35

Item Number: BAY-160 (BRN-2031)
Item Description: Neurology Referral Fax
Revision Date: 10/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 8.5x11 Black SS



BAY RESID

BAY NEUROLOGY

KHALIL NAGRALLAH, MD

JORDYN KIPPE, PA

ASHLEY YOTKOS, NP

4175 N. EUCLID AVE., SUITE 12

BAY CITY, MI 48706

PHONE: (989) 667-3410 FAX: (989) 667-3411

REFERRING OFFICE TO COMPLETE AND FAX

Form with fields for: TODAY'S DATE, PATIENT NAME, ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE, CELLPHONE, REFERRING PHYSICIAN, PHONE, FAX, REASON FOR REFERRAL, FAMILY PHYSICIAN, PHONE, FAX, PRIMARY INSURANCE, SUBSCRIBER, D.O.B., PATIENT OF, SHIP, EFFECTIVE DATE, SECONDARY INSURANCE, SUBSCRIBER, D.O.B., PATIENT OF, SHIP, EFFECTIVE DATE.

Spec Info: Westside Medical Mall -Attn; Angie Suite 12

1. Does the Patient's Insurance require a referral or prior authorization? Yes/No
If Yes, please send a copy of the authorized referral.
2. Testing done: EKG/ECG, MR, MRA, CT, EEG, LABS, OTHER:
Please FAX this form back to us with labs, tests, notes, including other physicians' 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.

BAY NEUROLOGY USE ONLY

Form with fields for: Appointment Date, Time, Patient Notified Date, Staff Initials, Referring provider notified Date, New patient packet mailed on, Date, Staff Initials, Insurance Verified Yes/No, No, Method.