Dr. Andres Patron D.O.,P.A

SPECIALIST REFERRAL/ AUTHORIZATION REQUEST

Patients Name:_____

Date of Birth:_____

Specialist Appointment Date:_____

Current Insurance Info:_____

Specialist Name/ Specialty:_____

NPI:_____

Tax ID:_____

Facility Address:_____

Phone # :_____

Fax # : _____

Procedure :_____

Diagnosis:_____

ICD-9 / ICD-10 Code :_____

CPT Code(s):_____

Of Visits :_____

- Please ensure that all the proper information is provided in a timely manner so that we may issue the referral before the date of the appointment. We cannot issue referrals same day!
- **PLEASE** make sure to **INCLUDE LAST CLINICAL NOTES** in order to approve and substantiate the Medical Necessity.
- ONCE THE REFERRAL/AUTHORIZATION IS OBTAINED PLEASE REFRAIN FROM ANY ADDITIONS OR MODIFICATIONS. Unfortunately, it is very time consuming and we cannot call and sit with the insurance on the line once the referral has been issued in order to accommodate changes . If necessity arises we ask that the specialist office themselves call the insurance with the autoriztion/referral number to make any REQUIRED & Medically NECESSARY adjustments.