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3135 Springbank Lane, Suite 200

Charlotte, NC 28226 Phone: (704) 540-3667 Fax: (704) 540-3668

Website: www.puacarolinas.com

New Patient Fax Referral Sheet

Pt ID:

Date of Appt Request:		Child's DOB:					
Child's Name: Last:	Fir	st:	Midd	dle:			
Child's Social Security #			С	ircle Sex:	M	1	F
Address:							
City:	State:	Zi	p:	2			
Mom's Name:	Mom's Mobile:						
Dad's Name:		Dad's Mobile:					
Email Address:		,					
PCP Requesting Appointment:		PCP Phone:					
PCP Group Name:	PCP Fax:						
PCP Group NPI:							
Reason for Consultation:			9				
Does your patient have a disability that requires extra time with the provider? Y N							
Will an interpreter be required?	Υ	N	Language:				
Insurance Policy Holder Name:	Subscriber DOB:						
Plan Name:	Subscriber ID:						
Group #	Effective	Date:	Spo	oke with:			
PPO or HMO Authorization Required	d: Y	N	Auth#				
Patient told to bring films?	Y	N					
All Newborn Circumcisions require a \$300 cash payment at the time of service.							
Best Location for appointment:	Arboretum		Huntersville				
Parents to call office (704) 540-3667 to make appointment if preauthorization is							
needed (Medicaid/tricare/HMO)							
Date of appointment:	ppointment: Appt made by:						