Southeastern Center for Infectious Diseases, P.A.

Philbert J. Ford, MD • Akshay Manohar, MD • Brenda L. Broger, ARNP

2009 Miccosukee Rd, Suite A ~ Tallahassee, FL 32308
Phone: (850) 942-2299 • FAX: (850) 942-0322

To Whom It May Concern:

Thank you for the referral of your patient. In order to expedite scheduling this patient, please fill out the information below and fax the required records to *Referral Coordinator* (850) 942-0322 as soon as possible. We will be unable to schedule your patient until all of the information is received. Your cooperation is greatly appreciated.

Date of request: _____
Patient Name: _____ DOB: _____
Address: _____
Street City State Zip

Home Phone: (___) _____ Work: (____) _____ Cell: (____) _____
Insurance Coverage: _____ ID#: _____
Authorization #: _____ # of visits: _____ Exp. Date: _____
**United Healthcare Compass requires an authorization number from PCP* **We do not accept PeachState*
**BCBS GA out of network provider-authorization number from PCP*

If patient is a client of Big Bend Cares, Case Worker's Name: _____
If Big Bend Cares is financially responsible, purchase order number (PO#): _____

Physician requesting consult: _____
Office Contact: _____Phone: _____ Fax: _____
Primary Care Physician: _____
Reason for referral: _____
Onset of Symptoms: _____ Duration of symptoms: _____

RECORDS REQUIRED PRIOR TO SCHEDULING APPOINTMENT FOR PATIENT:

_____ History & Physical
_____ Most recent office visit note
_____ Labs pertaining to referral
_____ Culture reports/microbiology
_____ Radiographic reports (X-ray, CT, MRI…)
_____ Face Sheet/Demographics

******** PLEASE FAX ALL PERTINENT MEDICAL RECORDS WITH THIS COMPLETED FORM. IF THE PATIENT'S INSURANCE CARRIER REQUIRES THEM TO HAVE AUTHORIZATION, PLEASE ENSURE THAT THE AUTHORIZATION NUMBER IS LISTED ABOVE. WE WILL CONTACT THE PATIENT DIRECTLY TO SCHEDULE AN APPOINTMENT. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS. THANK YOU! ********