erlanger Rheumatology

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Chattanooga, TN 37403
Phone: (423) 778-4396
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New Patient Referral Form

Today's Date: _____

Select Doctor Requested:

□ 1st Available Provider □ Dr. Jonathan Mills
□ Dr. Michael Brit □ Dr. Lizeth Romero
□ Dr. Jayne Crowe □ Dr. Elizabeth Turner
□ Marked as Urgent

*** We Do Not Treat Minors**

Referring Provider: (Please Circle) MD / DO / DC / NP / PA _____ NPI: _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____

PCP: (Please Circle) MD / DO / DC / NP / PA _____ Phone: _____

Address: _____

Patient Name: First: _____ Mi: _____ Last: _____

DOB: _____ SS# _____-(must complete to schedule)

Address: _____

Cell Phone: _____ Home Phone: _____

Insurance:

Company: _____ Is Insurance Authorization Needed? Yes □ No □

Plan ID # _____ Auth #_____

Policyholder Name: _____ DOB: _____

Reason for Referral / Diagnosis:

_____

_____

_____

Please FAX Relevant Reports Pertaining to Referral:

Office Notes / Lab Results / Bone Density / Demographics / Insurance Cards

*** We will contact your patient to schedule appointment.**

Office use only: □ scanned □ contact □ scheduled □ ofc faxed □ ins auth □ new pt pw