

Date: _____ Reason: _____

CHOOSE A PROVIDER

&

CHOOSE LEVEL OF URGENCY

First Available Provider (fastest option)

Dr. Mohan

Dr. Virupannavar

Routine Referral

Urgent Referral (within a 1-2 business days)

note: urgent referrals are accepted at physician discretion & physician may need to speak with the referring provider

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____

Preferred Phone #: _____ Alt. Phone #: _____

Patient's PCP: _____ PCP Phone: _____

INSURANCE INFORMATION (PLEASE INCLUDE A COPY OF ALL CARDS)

Primary Ins: _____ **Member ID:** _____ **Group:** _____

Subscriber Name: _____ **Subscriber DOB:** _____

Secondary Ins: _____ **Member ID:** _____ **Group:** _____

Subscriber Name: _____ **Subscriber DOB:** _____

PLEASE ATTACH A COPY OF ALL LISTED ITEMS: (incomplete referrals will be returned for more info)

1) Visit Notes

2) Most Recent Labs

3) Most Recent Radiology

REFERRING OFFICE INFORMATION

Referring Provider(s): _____

Address: _____

Phone: _____ FAX: _____

Whom from your office should we contact with questions and updates? _____

If you have a direct/backline phone number we may use, please list here: _____

NOTES ABOUT REFERRAL (if applicable): _____

updated: Mar 2022

**We accept BCBS, BCN, McLaren, Medicare, PHP, Priority Health, SCN, SPHN, Tricare & Most Commercial Insurances
We are NOT accepting new Medicaid or Self Pay patients.**

2375 WOODLAKE DR, STE 300 OKEMOS, MI 48864 PH: 517.908.3600 FAX: 517.908.3603