

REFERRAL REQUEST

MONIKA MOH/ ANNE TERE		SHANTI VIRUPANNAVA STACEY VOORHEIS, P	-	4202 COLLINS RD, STE 115 LANSING, MI 48910	PH: 517.908.3600 FAX: 517.908.3601
Date:		Reason:			
<u>CHOOSE</u>	A PROVIDER	&	<u>(</u>	CHOOSE LEVEL OF URGENCY	
🔘 First A	vailable Provider	r (fastest option)	(Routine Referral	
🔿 Dr. Mo	onika Mohan only	/	() Urgent Referral (within a 1-2 bι	usiness days)
🔵 Dr. Vir	upannavar only			ırgent referrals are accepted at D	
note: new patie	nts scheduled wi	th a PA also see a Doctor		& Dr. may need to speak with the	referring provider
PATIENT INFORM	ATION				
Name:				DC	B:
Address:					
Preferred Phone #:			Alt. Phone #:		
Primary Insurance:			Secondary	Insurance:	
Patient's Primary Ca	re Provider:				
PLEASE ATTACH A (if any items are no info)		L LISTED ITEMS:		ary care provider since we only treat their complete referrals will be ret	
1) Complete Insura	nce Info, includi	ng Copy of Cards with Sul	bscriber Nai	me 2) Subscriber's DOB	
3) Visit Notes		4) Most Recent Labs		5) Most Recent Rad	iology
REFERRING OFFIC	E INFORMATI	ON			
Referring Provider(s):				
Address:					
Phone:			FAX:		
Who from your offic	e should we cont	act with questions and upd	ates?		
If you have a direct/	backline phone n	umber we may use, please	list here:		

NOTES ABOUT REFERRAL (if applicable):

updated: Feb 2016

TO AVOID DELAYS PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

We accept Aetna, BCBS, BCN, CIGNA, McLaren, Medicare, PHP, Priority Health, SCN, SPHN, Tricare & Most Commercial Insurances We also accept: McLaren Medicaid & State Medicaid. We currently are <u>NOT</u> accepting new Medicaid SpendDown & Self Pay patients.