

ADVANCED DERMATOLOGY AND SKIN CARE SPECIALISTS

1419 Hamric Drive East Suite 101

Oxford, Alabama 36203

Telephone # 256-235-3660

Fax # 256-235-3663

PLEASE FAX COMPLETED REFERRAL BACK TO OUR OFFICE. WE WILL CONTACT YOUR PATIENT WITH THEIR APPOINTMENT. WE APPRECIATE YOUR REFERRALS!

PATIENT'S NAME _____

PATIENT'S ADDRESS _____

HOME # _____ CELL # _____ WORK _____

DATE OF BIRTH: _____ SEX _____ E-MAIL: _____

PATIENT'S 1ST INSURANCE: _____ ID# _____ GROUP# _____

SUBSCRIBER NAME _____

SUBSCRIBER'S DATE OF BIRTH: _____ RELATION TO PATIENT: _____

PATIENT'S 2ND INSURANCE: _____ ID# _____ GROUP# _____

SUBSCRIBER NAME _____

SUBSCRIBER'S DATE OF BIRTH: _____ RELATION TO PATIENT: _____

REFERRED BY _____ NPI # _____

PHYSICIAN ADDRESS: _____

PHYSICIAN PHONE # _____ PHYSICIAN FAX # _____

REASON FOR REFERRAL: _____

PHYSICIAN SIGNATURE: _____

IF YOUR PATIENT'S INSURANCE REQUIRES A REFERRAL SUCH AS TRICARE OR SOME BCBS POLICIES, WE MUST HAVE A COPY OF THAT AS WELL PRIOR TO SEEING YOUR PATIENT.

PLEASE NOTE: WE ARE NOT IN NETWORK WITH CIGNA, UNITED HEALTH CARE OR MEDICAID. The No Show fee for not calling 24 hours in advance is \$50.00, please remind your patients.