



Comprehensive Capabilities. Exceptional Care.

Physician Referral Form

Fax to: (614) 754-5601

Direct Address: ohio.gastro@directaddress.net

Referral Details

Is this referral urgent? Yes No *If urgent appointment is needed please fax to: (614) 754-5502*

Date:

Referring Physician:

Referring Phone:

Fax:

Patient Information

First Name:

Last Name:

Birth Sex: Male Female

Date of Birth:

Street Address:

City:

State:

Zip:

Primary Phone:

Mobile Phone:

Email Address:

Patient agrees to accept text messages regarding appointment scheduling.

Insurance Information

Insurance Provider:

Does insurance require a referral? Yes No

(If yes, please attach a copy of the referral)

Subscriber ID #:

Group ID #:

Subscriber Name & DOB (if different from patient):

If the patient has United Health Care Medicare Advantage HMO and HMO-POS plans, will be required to obtain an insurance referral from their primary care provider (PCP). Referrals must be submitted by the PCP to United Healthcare prior to the specialist visit.

Clinical Documentation Included (Check all that apply)

- Copy of patient's insurance card (front and back, legible)
 - Relevant medical records or office notes
 - Endoscopic procedure reports (within last 5 years)
 - Imaging or test results
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Reason for Referral

- Office Consultation – Gastro
- Office Consultation - Liver
- Colonoscopy
- Upper Endoscopy (EGD)
- Endoscopic Ultrasound (EUS)
- Other:

Reason for Referral / Diagnosis / Symptoms:

Referral Preferences

- Any Location / Any Physician
 - Specific Physician:
 - Dublin:** 6670 Perimeter Drive, Dublin, OH 43016
 - East:** 85 McNaughten Road, Columbus, OH 43213
 - Gahanna:** 722 Buckles Court North, Gahanna, OH 43230
 - North:** 3400 Olentangy River Road, Columbus, OH 43202
 - Pickerington:** 1025 Refugee Road, Pickerington, OH 43147
 - Westerville:** 430 Altair Parkway, Westerville, OH 43082
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Additional Notes:

Confidentiality Notice

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