



NewSouth
NEUROSPINE

DIVISION OF PHYSICAL MEDICINE

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DIVISION OF SPINAL INTERVENTION

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Please complete the following form and fax it back to the above fax # for the division you are requesting an appointment. When using our fax scheduling service, please fax copies of any radiology reports and medical records pertaining to the referral request and a list of medications the patient is currently taking, so that we may better assist your patient. MUST HAVE FRONT AND BACK COPY OF INSURANCE CARD(S)

Date _____ / _____ / _____
Appt Date _____ / _____ / _____
Appt Time _____

Urgent *Please call and speak to one of our staff.*
 Non-urgent *No call is necessary if you fax this form.*
 Workers Comp **Automobile Accident** **Other**

*** Clinic Name** _____

Patient Information					
First Name		Middle Initial		Last Name	
Address		City	State	ZIP	Birth Date
				Age	
Social Security #					
Home Phone ()		Work Phone ()	Cell Phone ()		Employer Name
Primary Insurance Company		Insurance ID#	Group ID#		Is authorization for referral required?
Insurance Address		Policy Holder Name	Date of Birth of Policy Holder		Patient Email Address
Referring Physician Information					
First Name		Middle Initial		Last Name	
				Practice Phone ()	
Staff Contact	Address		NPI#		Practice Fax ()
Primary Complaint					
Briefly describe primary complaint					
Studies and location of radiographic films <i>(please send films with the patient and fax copies of reports with this form if possible)</i>					
Has Patient seen a Pain or Spine Specialist before? Whom:					
Workers Compensation Claims Cases Please Complete This Section					
Patient's Current Employer			Employer's Address		
Workers Compensation Carrier's Name			Name of Adjuster		Adjuster's Phone ()
Workers Compensation Carrier's Address					Adjuster's Fax ()
Date of Injury		Claim Number		Adjuster's Email	
State in Which Injury Occured		Body Part(s) Affected			
Nurse Case Manager's Name			Nurse Case Manager's Phone ()		Nurse Case Manager's Fax ()
Nurse Case Manager's Street			City	State	ZIP
					Nurse Case Manager's Email



Instructions

1. If your appointment **was not** scheduled before you left your referring doctor's office, you should expect to receive a telephone call within the next 48 hours from one of our staff to assist you in making an appointment. If you haven't been contacted within 48 hours and no appointment is listed on the front side, please call the number on the front side for the doctor's office.
2. If you have any special needs, such as a hearing problem, please contact our staff in advance of your appointment so that we might be better able to prepare for your visit;
3. If you are unable to attend your appointment time, please call our office at least 24 hours in advance to reschedule.
4. If you are a new patient to our practice, please arrive about 15 minutes before your scheduled appointment time in order to have time to complete our new patient intake forms:
5. When you come to your appointment:
 - Please **bring** your insurance card or either proof of insurance and your driver's license;
 - If you are unsure about your insurance policy limitations or authorization requirements, please contact your referring physician's office or call one of our claims specialists before arriving for your appointment.
 - If you are coming concerning a **Workers compensation** claim, please be sure that either you or your employer have already spoken to the policy claims adjuster;
 - **Automobile accident:** we only accept **PATIENT'S** auto insurance before their health insurance is filed. If the information is not received then you will be responsible to pay for services in full the day of the appointment. We **do not** file 3rd party Insurance Claims.
 - Please bring any **X-ray, MRI or CT films** and their reports related to your primary complaint(s). Please bring the actual radiograph films, not just the written report;
6. **Please bring a list of your current medications.**

Division of Surgery

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Division of Spinal Intervention

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