

Atlantic Neurosurgical & Spine Specialists, P.A.

2208 S. 17th St., Suite 201

Wilmington, NC 28401

Phone: 910-763-3333 Fax: 910-763-3336

****REFERRAL SHEET MUST BE FULLY COMPLETED BEFORE A REFERRAL CAN BE MADE****

Check Preference: ASAP 1st Available Dr. Huffmon Dr. Thomas Dr. Beecher

*ASAP – Patient MUST have all imaging on CD or film, to bring to their appointment, and show an urgent problem. Telephone contact is also recommended after referral sheet is faxed if patient is ASAP.

REFERRING PHYSICIAN: _____

NAME NPI # PHONE NUMBER

PERSON COMPLETING FORM: _____

NAME PHONE NUMBER

PATIENT: _____

LAST NAME FIRST NAME MIDDLE/MAIDEN SEX

ADDRESS: STREET P.O. BOX CITY STATE ZIP

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HOME PHONE NUMBER DATE OF BIRTH AGE SOCIAL SECURITY NUMBER

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CELL PHONE NUMBER EMPLOYER WORK PHONE NUMBER

Is this a second opinion: Yes No Previous Physician: _____

Reason for referral: _____ **DATE OF INJURY:** _____

PRIMARY INSURANCE: _____

AUTH REQUIRED? Yes No AUTH # _____ CONTACT # _____

AN APPOINTMENT CANNOT BE MADE UNTIL THE FOLLOWING INFORMATION IS RECEIVED

INSURANCE CARD(s)*FRONT & BACK OFFICE NOTES RADIOLOGY REPORTS *MRI, CT, X-RAYS

Have the following treatments been performed in the past year?

RADIOLOGY TESTS INJECTIONS CHIROPRACTIC TREATMENT PHYSICAL THERAPY

Your office must obtain authorization for Workman's Comp, and Vocational Rehab before the appointment is scheduled. We must also have authorization for Cigna and if out-of-network benefits are not available (commonly referred to as GAP). Authorizations should be put under the practice name whenever possible, not the specific physician. Our tax ID is 20-0062134. We are unable to get authorization on new patient referrals; they must be obtained by the referring physician's office. Please call us if you have any questions.

Our office makes every attempt to contact the patient within 48 hours to schedule an appointment. Our office will fax a confirmation of that appointment for your records. Thank you for your referral.