

REFERRAL INTAKE FORM

Referral ID: REF-1001

Referral Source: Primary Care Physician (PCP)

Referral Received Date: 01/02/2026

Urgency Level: Routine

PATIENT INFORMATION

Patient Full Name: John Martinez

Date of Birth: 1969-08-14

Age: 56

Gender: Male

Address: 245 Mission St, San Francisco, CA 94105

Primary Language: Spanish

Phone Number: (415) 555-0198

INSURANCE DETAILS

Insurance Active: Yes

Payer Name: BlueCross

Plan Type: PPO

Authorization Required: Yes

Authorization Status: Approved

Authorization Start Date: 01/05/2026

Authorization End Date: 02/04/2026

Authorized Units: 1

Unit Type: SCANS

SERVICE REQUESTED

Service Category: Imaging

Service Type: MRI - Knee

DOCUMENTATION STATUS

Referral Documents Complete: Yes

Home Assessment Required: No

Patient Responsive: High

Contact Attempts Made: 1

NOTES

Referral approved and documentation complete. Ready to move downstream into scheduling workflow.