

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-172059

PATIENT NAME
John Smith

AGE
48
SEX
Male

DATE OF BIRTH
03/15/1975

INSURANCE PLAN
Blue Cross

NETWORK STATUS
IN-NETWORK

ESTIMATED COPAY
\$25.00

REFERRING TO SPECIALIST
Dr. Emily Chen

SPECIALTY
Cardiology

NPI NUMBER
1457389201

CLINIC/PRACTICE
Mercy Heart Institute

MAJOR COMPLAINT / PRESENTING SYMPTOMS
chest pain with exertion and shortness of breath

CLINICAL CONTEXT / HISTORY
He has been complaining of chest pain with exertion and shortness of breath

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ANTICIPATED CPT CODES

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99244 - Office consultation for cardiac evaluation ; 93000 -

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

I25.10 - Atherosclerotic heart disease ; I50.9 - Heart failure,

MEDICAL REFERRAL FORM

URGENCY LEVEL

MEDICAL REFERRAL FORM

Routine

MEDICAL REFERRAL FORM

AUTHORIZATION

MEDICAL REFERRAL FORM

Pending

MEDICAL REFERRAL FORM

FOLLOW-UP

MEDICAL REFERRAL FORM

Required

MEDICAL REFERRAL FORM

AUTHORIZATION & SIGNATURES

MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

MEDICAL REFERRAL FORM

Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

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