

# MEDICAL REFERRAL FORM

<b>DATE OF REFERRAL</b>
11/22/2025

<b>REFERENCE NUMBER</b>
REF-154029

<b>PATIENT NAME</b>
John Smith

<b>AGE</b>
48
<b>SEX</b>
Male

<b>DATE OF BIRTH</b>
03/15/1975

<b>INSURANCE PLAN</b>
Blue Cross

<b>NETWORK STATUS</b>
IN-NETWORK

<b>ESTIMATED COPAY</b>
\$25.00

<b>REFERRING TO SPECIALIST</b>
Dr. Emily Chen

<b>SPECIALTY</b>
Cardiology

<b>NPI NUMBER</b>
1457389201

<b>CLINIC/PRACTICE</b>
Mercy Heart Institute

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

<b>CLINICAL CONTEXT / HISTORY</b>
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 -

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## POTENTIAL ICD-10 CODES

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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

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FOLLOW-UP

# MEDICAL REFERRAL FORM

Required

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## AUTHORIZATION & SIGNATURES

# MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

# MEDICAL REFERRAL FORM

Auto-Generated System

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**DATE SIGNED**

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Requires physician review and authorization before processing