

MEDICAL REFERRAL FORM

DATE OF REFERRAL		REFERENCE NUMBER	
11/22/2025		REF-161359	
PATIENT NAME		AGE	SEX
John Smith		48	Male
DATE OF BIRTH		INSURANCE PLAN	
03/15/1975		Blue Cross	
NETWORK STATUS		ESTIMATED COPAY	
IN-NETWORK		\$25.00	
REFERRING TO SPECIALIST		SPECIALTY	
Dr. Emily Chen		Cardiology	
NPI NUMBER	CLINIC/PRACTICE		
1457389201	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 -

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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

MEDICAL REFERRAL FORM

11/22/2025

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