

# MEDICAL REFERRAL FORM

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

|                         |
|-------------------------|
| <b>REFERENCE NUMBER</b> |
| REF-220130              |

|                     |
|---------------------|
| <b>PATIENT NAME</b> |
| Michael Williams    |

|            |
|------------|
| <b>AGE</b> |
| 60         |
| <b>SEX</b> |
| Male       |

|                      |
|----------------------|
| <b>DATE OF BIRTH</b> |
| 07/18/1965           |

|                       |
|-----------------------|
| <b>INSURANCE PLAN</b> |
| Uninsured             |

|                       |
|-----------------------|
| <b>NETWORK STATUS</b> |
| SELF-PAY              |

|                             |
|-----------------------------|
| <b>ESTIMATED COPAY</b>      |
| 100% Patient Responsibility |

|                                |
|--------------------------------|
| <b>REFERRING TO SPECIALIST</b> |
| Dr. Alexandra Petrov           |

|                  |
|------------------|
| <b>SPECIALTY</b> |
| Neurology        |

|                   |
|-------------------|
| <b>NPI NUMBER</b> |
| 1357924680        |

|                              |
|------------------------------|
| <b>CLINIC/PRACTICE</b>       |
| Bay Area Neurology Institute |

|                                              |
|----------------------------------------------|
| <b>MAJOR COMPLAINT / PRESENTING SYMPTOMS</b> |
| pain, back pain                              |

|                                                                        |
|------------------------------------------------------------------------|
| <b>CLINICAL CONTEXT / HISTORY</b>                                      |
| I've been having really bad lower back pain for about three months now |

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## ANTICIPATED CPT CODES

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99204 - New patient neurology consultation ; 95860 - Needle

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## POTENTIAL ICD-10 CODES

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G93.1 - Anoxic brain damage, not elsewhere classified ; G40.909 -

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## URGENCY LEVEL

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Routine

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## 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

# MEDICAL REFERRAL FORM

**DATE SIGNED**

# MEDICAL REFERRAL FORM

11/22/2025

# MEDICAL REFERRAL FORM

This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing