

# MEDICAL REFERRAL FORM

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

<b>REFERENCE NUMBER</b>
REF-184531

<b>PATIENT NAME</b>
Jennifer Washington

<b>AGE</b>
30
<b>SEX</b>
Female

<b>DATE OF BIRTH</b>
08/25/1993

<b>INSURANCE PLAN</b>
Health Net Basic

<b>NETWORK STATUS</b>
OUT-OF-NETWORK

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

<b>REFERRING TO SPECIALIST</b>
Dr. Christopher Lee

<b>SPECIALTY</b>
Gastroenterology

<b>NPI NUMBER</b>
1802470135

<b>CLINIC/PRACTICE</b>
Golden Gate Digestive Health

<b>MAJOR COMPLAINT / PRESENTING SYMPTOMS</b>
concerning symptoms requiring specialist evaluation

<b>CLINICAL CONTEXT / HISTORY</b>
The patient has been experiencing concerning symptoms requiring specialist evaluation

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## ANTICIPATED CPT CODES

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99204 - New patient GI consultation ; 45380 - Colonoscopy with biopsy ;

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## POTENTIAL ICD-10 CODES

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K50.90 - Crohn's disease, unspecified, without complications ; K51.90 -

# 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

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## AUTHORIZATION & SIGNATURES

# MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

# MEDICAL REFERRAL FORM

Auto-Generated System

# MEDICAL REFERRAL FORM

**DATE SIGNED**

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This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing