

MEDICAL REFERRAL FORM

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| <div>DATE OF REFERRAL</div> <div>11/22/2025</div> | <div>REFERENCE NUMBER</div> <div>REF-184546</div> | |
| <div>PATIENT NAME</div> <div>Jennifer Washington</div> | <div>AGE</div> <div>30</div> | <div>SEX</div> <div>Female</div> |
| <div>DATE OF BIRTH</div> <div>08/25/1993</div> | <div>INSURANCE PLAN</div> <div>Health Net Basic</div> | |
| <div>NETWORK STATUS</div> <div>OUT-OF-NETWORK</div> | <div>ESTIMATED COPAY</div> <div>100% Patient Responsibility</div> | |
| <div>REFERRING TO SPECIALIST</div> <div>Dr. Christopher Lee</div> | <div>SPECIALTY</div> <div>Gastroenterology</div> | |
| <div>NPI NUMBER</div> <div>1802470135</div> | <div>CLINIC/PRACTICE</div> <div>Golden Gate Digestive Health</div> | |

MAJOR COMPLAINT / PRESENTING SYMPTOMS

concerning symptoms requiring specialist evaluation

CLINICAL CONTEXT / HISTORY

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

MEDICAL REFERRAL FORM

AUTHORIZATION & SIGNATURES

MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

MEDICAL REFERRAL FORM

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MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

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