

# MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-184531</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

Generated: 2025-11-22 18:45:31 | Page 1

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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

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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



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