MEDICAL REFERRAL FORM

DATE OF REFERRAL

11/22/2025

REFERENCE NUMBER

REF-174205

PATIENT NAME

John Smith

AGE

48

SEX

Male

DATE OF BIRTH

03/15/1975

INSURANCE PLAN

Blue Cross

NETWORK STATUS

IN-NETWORK

ESTIMATED COPAY

$25.00

REFERRING TO SPECIALIST

Dr. Emily Chen

SPECIALTY

Cardiology

NPI NUMBER

1457389201

CLINIC/PRACTICE

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

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99203 - New patient office visit (detailed) ; 93000 - Electrocardiogram

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

I25.10 - Atherosclerotic heart disease of native coronary artery ; I50.9 -

MEDICAL REFERRAL FORM

URGENCY LEVEL

MEDICAL REFERRAL FORM

Routine

MEDICAL REFERRAL FORM

AUTHORIZATION

MEDICAL REFERRAL FORM

Pending

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

MEDICAL REFERRAL FORM

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