

MEDICAL REFERRAL FORM

DATE OF REFERRAL		REFERENCE NUMBER	
11/22/2025		REF-183256	
PATIENT NAME		AGE	SEX
Emily Davis		31	Female
DATE OF BIRTH		INSURANCE PLAN	
05/14/1992		Blue Cross	
NETWORK STATUS		ESTIMATED COPAY	
IN-NETWORK		\$25.00	
REFERRING TO SPECIALIST		SPECIALTY	
Dr. Emma Johnson		Pediatrics	
NPI NUMBER	CLINIC/PRACTICE		
1890123457	Children's Health Bay Area		

MAJOR COMPLAINT / PRESENTING SYMPTOMS
developmental concerns and behavioral issues
CLINICAL CONTEXT / HISTORY
has been experiencing developmental concerns and behavioral issues

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99213 - Pediatric office visit (established patient) ; 99391 - Preventive

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

Z00.121 - Encounter for routine child health examination with abnormal

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

Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

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This referral was automatically generated by Healthcare AI Referral System
Requires physician review and authorization before processing