

MEDICAL REFERRAL FORM

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| DATE OF REFERRAL |
| 11/22/2025 |

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| REFERENCE NUMBER |
| REF-184546 |

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| PATIENT NAME |
| Jennifer Washington |

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| AGE |
| 30 |
| SEX |
| Female |

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| DATE OF BIRTH |
| 08/25/1993 |

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| INSURANCE PLAN |
| Health Net Basic |

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| NETWORK STATUS |
| OUT-OF-NETWORK |

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|-----------------------------|
| ESTIMATED COPAY |
| 100% Patient Responsibility |

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| REFERRING TO SPECIALIST |
| Dr. Christopher Lee |

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| SPECIALTY |
| Gastroenterology |

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|-------------------|
| NPI NUMBER |
| 1802470135 |

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| CLINIC/PRACTICE |
| Golden Gate Digestive Health |

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| MAJOR COMPLAINT / PRESENTING SYMPTOMS |
| concerning symptoms requiring specialist evaluation |

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| CLINICAL CONTEXT / HISTORY |
| The patient has been experiencing concerning symptoms requiring specialist evaluation |

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

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

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

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

Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

MEDICAL REFERRAL FORM

This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing