

# MEDICAL REFERRAL FORM

<b>DATE OF REFERRAL</b>
11/22/2025

<b>REFERENCE NUMBER</b>
REF-220340

<b>PATIENT NAME</b>
David Martinez

<b>AGE</b>
55
<b>SEX</b>
Male

<b>DATE OF BIRTH</b>
09/25/1970

<b>INSURANCE PLAN</b>
Cigna Select

<b>NETWORK STATUS</b>
OUT-OF-NETWORK

<b>ESTIMATED COPAY</b>
100% Patient Responsibility

<b>REFERRING TO SPECIALIST</b>
Dr. Rachel Thompson

<b>SPECIALTY</b>
Dermatology

<b>NPI NUMBER</b>
1567890124

<b>CLINIC/PRACTICE</b>
Coastal Dermatology Group

<b>MAJOR COMPLAINT / PRESENTING SYMPTOMS</b>
pain, chest pain, shortness of breath

<b>CLINICAL CONTEXT / HISTORY</b>
Have you noticed any other symptoms, like fever, night sweats, or chest pain

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## ANTICIPATED CPT CODES

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99213 - Established patient office visit ; 11100 - Biopsy of skin lesion ;

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## POTENTIAL ICD-10 CODES

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L30.9 - Dermatitis, unspecified ; L70.0 - Acne vulgaris ; L40.9 -

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URGENCY LEVEL

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Routine

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## AUTHORIZATION

# MEDICAL REFERRAL FORM

Pending

# MEDICAL REFERRAL FORM

FOLLOW-UP

# MEDICAL REFERRAL FORM

Required

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## AUTHORIZATION & SIGNATURES

# MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

# MEDICAL REFERRAL FORM

Auto-Generated System

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**DATE SIGNED**

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This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing