

MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-183619</div>	
<div>PATIENT NAME</div> <div>She</div>	<div>AGE</div> <div>56</div>	<div>SEX</div> <div>Female</div>
<div>DATE OF BIRTH</div> <div>12/03/1967</div>	<div>INSURANCE PLAN</div> <div>Blue Cross</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. Alexandra Petrov</div>	<div>SPECIALTY</div> <div>Neurology</div>	
<div>NPI NUMBER</div> <div>1357924680</div>	<div>CLINIC/PRACTICE</div> <div>Bay Area Neurology Institute</div>	

MAJOR COMPLAINT / PRESENTING SYMPTOMS

severe headaches and neurological symptoms

CLINICAL CONTEXT / HISTORY

The patient has been experiencing severe headaches and neurological symptoms

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ANTICIPATED CPT CODES

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99204 - New patient neurology consultation ; 95860 - Needle

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POTENTIAL ICD-10 CODES

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G93.1 - Anoxic brain damage, not elsewhere classified ; G40.909 -

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

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Auto-Generated System

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DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

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