

MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-184517</div>	
<div>PATIENT NAME</div> <div>David Kim-Chen</div>	<div>AGE</div> <div>38</div>	<div>SEX</div> <div>Male</div>
<div>DATE OF BIRTH</div> <div>04/18/1985</div>	<div>INSURANCE PLAN</div> <div>Cigna Select</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. Amanda Foster-Gray</div>	<div>SPECIALTY</div> <div>Psychiatry</div>	
<div>NPI NUMBER</div> <div>1357925680</div>	<div>CLINIC/PRACTICE</div> <div>Bay Area Mental Health Institute</div>	

MAJOR COMPLAINT / PRESENTING SYMPTOMS

concerning symptoms requiring specialist evaluation

CLINICAL CONTEXT / HISTORY

The patient has been experiencing concerning symptoms requiring specialist evaluation

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ANTICIPATED CPT CODES

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99204 - Initial psychiatric evaluation ; 99214 - Psychotherapy session (45

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POTENTIAL ICD-10 CODES

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F32.9 - Major depressive disorder, single episode, unspecified ; F41.1 -

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

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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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