

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-183256

PATIENT NAME
Emily Davis

AGE
31
SEX
Female

DATE OF BIRTH
05/14/1992

INSURANCE PLAN
Blue Cross

NETWORK STATUS
IN-NETWORK

ESTIMATED COPAY
\$25.00

REFERRING TO SPECIALIST
Dr. Emma Johnson

SPECIALTY
Pediatrics

NPI NUMBER
1890123457

CLINIC/PRACTICE
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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Requires physician review and authorization before processing