

# MEDICAL REFERRAL FORM

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

<b>REFERENCE NUMBER</b>
REF-185909

<b>PATIENT NAME</b>
Maria Gonzalez-Lopez

<b>AGE</b>
56
<b>SEX</b>
Female

<b>DATE OF BIRTH</b>
12/03/1967

<b>INSURANCE PLAN</b>
UnitedHealth Premium

<b>NETWORK STATUS</b>
IN-NETWORK

<b>ESTIMATED COPAY</b>
\$40.00

<b>REFERRING TO SPECIALIST</b>
Dr. Alexandra Petrov

<b>SPECIALTY</b>
Neurology

<b>NPI NUMBER</b>
1357924680

<b>CLINIC/PRACTICE</b>
Bay Area Neurology Institute

<b>MAJOR COMPLAINT / PRESENTING SYMPTOMS</b>
severe headaches and neurological symptoms

<b>CLINICAL CONTEXT / HISTORY</b>
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

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## AUTHORIZATION & SIGNATURES

# MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

# MEDICAL REFERRAL FORM

Auto-Generated System

# MEDICAL REFERRAL FORM

**DATE SIGNED**

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Requires physician review and authorization before processing