

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-183650

PATIENT NAME
Jennifer Washington

AGE
30
SEX
Female

DATE OF BIRTH
08/25/1993

INSURANCE PLAN
Health Net Basic

NETWORK STATUS
OUT-OF-NETWORK

ESTIMATED COPAY
100% Patient Responsibility

REFERRING TO SPECIALIST
Dr. Christopher Lee

SPECIALTY
Gastroenterology

NPI NUMBER
1802470135

CLINIC/PRACTICE
Golden Gate Digestive Health

MAJOR COMPLAINT / PRESENTING SYMPTOMS
concerning symptoms requiring specialist evaluation

CLINICAL CONTEXT / HISTORY
The patient has been experiencing concerning symptoms requiring specialist evaluation

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

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99204 - New patient GI consultation ; 45380 - Colonoscopy with biopsy ;

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

K50.90 - Crohn's disease, unspecified, without complications ; K51.90 -

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