

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-184517

PATIENT NAME
David Kim-Chen

AGE
38
SEX
Male

DATE OF BIRTH
04/18/1985

INSURANCE PLAN
Cigna Select

NETWORK STATUS
OUT-OF-NETWORK

ESTIMATED COPAY
100% Patient Responsibility

REFERRING TO SPECIALIST
Dr. Amanda Foster-Gray

SPECIALTY
Psychiatry

NPI NUMBER
1357925680

CLINIC/PRACTICE
Bay Area Mental Health Institute

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 - 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

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

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