

Referred To (Dr. Sikandar Murad)

From: Mr. Medical Billing
Email: billing@easiestemr.com
Phone: (952) 222-2222
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To: Dr. Sikandar Murad
Email: muradsikandar@gmail.com
Phone: (501) 247-9900
Fax: (888) 388-5166
Address: 802 N University, Little Rock, AR 72205

Patient Information:

Patient Name: Shafiq Ahmed
Date of Birth: 06-14-1994
Age: 25 Y
Sex: Male

SSN: --
Phone: (501) 222-9134
Address: Xyz Address, Arlington, VA, 22222
Email:

Payer Information:

Insurance Name:
Ins. Policy Number:
Ins. Group Number:

Service Request:
Request Priority: Routine 2-4 weeks

Reason For Referral:

Diagnosis Codes:

R50.81 Fever presenting with conditions classified elsewhere

More Information:

Authorization:
Auth Effective Date:
Auth Expiry Date:
Number of Visits:
Referral Date: 09-19-2019

Additional Comments:

TEST FAX USING RINCENTRAL
DEVELOPER ACCOUNT