F A X S H E E T

Date:	09/09/2025 11:29:39 AM
To:	
Subject:	Referrals
Fax Number:	[redacted]
To Company:	
From Name:	Collins, Jenna L
From Company:	[redacted]
From Facility:	
Support Contact:	
Number of Pages(s):	19

[redacted]

[redacted]

REFERRAL

[redacted]

Karen Root, APRN
Nurse Practitioner
Lyons Family Care
1221 W NOBLE ST , LYONS, KS-67554-3026
Tel: 620-257-5124 Fax: 620-257-5128

Date: 09/09/2025

Patient Information:

Patient Name: Arthur D Hemry
Patient DOB: [redacted]
Patient Insurance: BCBS OF KANSAS
Patient Subscriber No: [redacted]
Patient Address: [redacted]
Patient Phone:
Patient Work Phone:
Patient Cell Phone:
Patient SSN: [redacted]

Insurance Information

Insurance Name: [redacted]
Subscriber Name:
Subscriber DOB:
Subscriber No:
Subscriber Group No:
Subscriber Address:
Subscriber Phone:

Referral From Information:

Provider Name: [redacted]
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Speciality:
Address1:
Address2:
City, State, Zip:
Phone:
Fax:

Referral To Information:

Provider Name:
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Speciality: Neurosurgery
Address1:
Address2:
City, State, Zip: , ,
Phone:
Appt. Date/Time:
Fax: Facility Tax ID Number:

[redacted]

[redacted]

REFERRAL

Karen Root, APRN
Nurse Practitioner
Lyons Family Care
1221 W NOBLE ST , LYONS, KS-67554-3026
Tel: 620-257-5124 Fax: 620-257-5128

[redacted]

Reason For Referral:

Authorization No:	**Authorization Type:**
Reason:	Hutchinson
Diagnosis:	M50.90 - Cervical disc disease
E/M Codes:	
Procedures:	
Visits Allowed:	0
Unit Type:	V (VISIT)
Start Date:	09/09/2025
End Date:	09/09/2026
Priority:	Routine

General Notes: Collins, Jenna L 09/09/2025 11:25:48 AM CDT >P: 620-662-6000 F: 785-626-8843 faxed to Dr. Abassi

[redacted]

Provider NPI: 1053585836

Electronically signed by Karen Root, APRN on 09/09/2025 at 11:28 AM CDT

[redacted]