

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: [REDACTED]
Support Contact:
Number of Pages(s): 19

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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

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: [REDACTED]
Patient Work Phone: [REDACTED]
Patient Cell Phone: [REDACTED]
Patient SSN: [REDACTED]

Insurance Information

Insurance Name:
Subscriber Name:
Subscriber DOB:
Subscriber No:
Subscriber Group No:
Subscriber Address:
Subscriber Phone:

[REDACTED]

Referral From Information:

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

[REDACTED]

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:

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

Reason For Referral:

Authorization No:

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

Authorization Type:

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

Provider NPI: 1053585836

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