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Patient Referral

(Please Print)

Patient Name: _____ DOB: ____/____/____ Date of Injury/Illness: ____/____/____
Home Ph:(____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Patient Email: _____

Referring Provider: _____ Office Ph: (____) ____ - _____ Fax #: (____) ____ - _____

BILLING INFORMATION

We Must Have This Information To Schedule Patient

WE WILL BE FILING:

PRIVATE HEALTH INSURANCE

Name: _____ Member ID: _____ Group #: _____
Subscriber Name: _____ DOB: ____ / ____ / ____ Sex: M / F

WORKERS' COMPENSATION

Carrier / Insurance Name: _____ Claim #: _____
Claim Address: _____ DOI: ____ / ____ / ____
Adjuster's Name: _____ Phone: (____) ____ - _____ DOI: ____ / ____ / ____

PERSONAL INJURY / MOTOR VEHICLE ACCIDENT (Patient under lien)

Attorney's Name / Firm: _____ Paralegal's Name: _____
Ph: (____) ____ - _____ Fax: (____) ____ - _____ Email: _____

POLICY LIMITS: \$ _____ **TOTAL AMT IN OUTSTANDING MEDICAL BILLS: \$** _____

Trial Date Set ? (Y / N) _____ If yes, Date: ____ / ____ / ____

TYPE OF TREATMENT:

Consultation / Treatment / Testing

____ Physiatry Consultation / Treatment
____ EMG / NCS of (Circle One): LUE LLE RUE RLE Ruling Out: _____
(We must know which extremity is to be tested and r/o or diagnosis for any EMG testing)

Procedure

____ Caudal Epidural Steroid Injection (Lumbar Only)
____ Sacroiliac Joint Injection: ____ Left
____ Hip Injection (Under fluoroscopy) ____ Left ____ Right ____ Bilateral

PLEASE INCLUDE ALL OF THE FOLLOWING INFORMATION WITH REFERRAL:

- Insurance referral
- Copy (front & back) of insurance card
- Diagnostic testing reports (MRI is required for all procedures)
- Complete patient demographics
- Initial office note & last 3 office notes

APPOINTMENT SCHEDULING CONFIRMATION

(This form will be faxed back to the referring provider with appointment information once appointment is scheduled)

APPOINTMENT DATE & TIME: ____ / ____ / ____ AT ____:____

____ Attempted to contact patient 3 times without success

____ Patient declined to schedule