



NEW Patient Contact Information  
Ft Walton Beach/Milton/Crestview/  
Panama City/Pensacola/Tallahassee  
referrals@dynamicpainandwellness.com  
FAX (877) 413-5104  
PHONE (850) 226-6801

## NEW PATIENT REFERRAL FORM

A complete referral form will ensure efficient scheduling for your patient.

DATE: \_\_\_\_\_  
REFERRING DR: \_\_\_\_\_ NPI: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

### PATIENT INFORMATION

NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER  M  F  
PHONE: (\_\_\_\_) \_\_\_\_\_ ALT PHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DIAGNOSIS CODE and DESCRIPTION: \_\_\_\_\_

### INSURANCE INFORMATION

CARRIER: \_\_\_\_\_  PPO  HMO  
SUBSCRIBER NUMBER: \_\_\_\_\_  
REFERRAL/AUTHORIZATION NUMBER: \_\_\_\_\_  
DATES OF SERVICE APPROVED: \_\_\_\_\_ - \_\_\_\_\_  
CPT CODES APPROVED: \_\_\_\_\_ 99204 AND 99214 \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

CARRIER: \_\_\_\_\_  
 PPO  HMO SUBSCRIBER NUMBER: \_\_\_\_\_

### ADDITIONAL INFORMATION

IS THIS TREATMENT RELATED TO A MOTOR VEHICLE ACCIDENT?  YES  NO  
IS THIS TREATMENT RELATED TO A WORKER'S COMP CLAIM?  YES  NO  
IS THIS CLAIM STILL OPEN?  YES  NO