WVUMedicine
UNITED HOSPITAL CENTER

UHC NEUROLOGY

527 Medical Park Drive
Suite 107
Bridgeport, WV 26330
Phone / 304.933.3843
Fax / 304.933.3846

# Appointment Referral Form for UHC Neurology

*Please complete the form, and fax to 304-933-3846. Please advise your patient our office will be sending them an appointment date for office visit and time.

**(Go to http://www.wvuchart.com to complete the referral on line!)

Referral Date: _____ Referring Provider: _____

Staff Name: _____ Office Phone:_____

Fax Number:_____ Location:_____

Patient's Name: _____ DOB: _____ ☐ M ☐ F

Address: _____

Home #: _____ Cell #:_____ SSN #: _____

Primary and Secondary Ins: _____

ID/ Policy # _____

*Does this patient's insurance require an authorization to see a specialist?

YES ☐ NO ☐

Authorization Information:

_____

Workers Comp: YES ☐ NO ☐

If YES Date of Injury_____ Claim/Auth #_____

Please fax the worker's compensation approval letter with this referral.

*Chief Complaint / Reason for referral:

_____

_____

Additional notes:

_____

_____

*Referring Offices: Please send all essential records the pertaining to this referral.*

Office Use Only: E#_____Appt. Date and Time_____