

Referral Form

Thank You for the Opportunity to Care for Your Patient.

Our team will connect directly with your patient to schedule an appointment and verify benefits. Please know we are committed to being a collaborative partner with you and will share appropriate communication and updates on progress.

Referring To

<input type="text" value="Preferred Provider"/>	<input type="text" value="Preferred Location"/>	<input type="radio"/> Or First Available Doctor
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For a list of all locations, please visit SunStateSpecialists.com/our-locations.

Referring Provider Details

<input type="text" value="Provider Name"/>	<input type="text" value="NPI #"/>	<input type="text" value="Phone"/>
<input type="text" value="Practice Name"/>	<input type="text" value="Office Contact"/>	
<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip Code"/>

Patient Information

<input type="text" value="Full Name"/>	<input type="text" value="DOB"/>	<input type="text" value="Gender"/>	<input type="text" value="Phone"/>
<input type="text" value="Address"/>	<input type="text" value="Preferred Language"/>		

Insurance Information

<input type="text" value="Insurance Plan"/>	<input type="text" value="Phone"/>	<input type="text" value="Fax"/>
<input type="text" value="Primary Carrier"/>	<input type="text" value="ID #"/>	<input type="text" value="Group #"/>
<input type="text" value="Insurance Address"/>		
<input type="text" value="Secondary Insurance Plan"/>	<input type="text" value="Phone"/>	<input type="text" value="Fax"/>
<input type="text" value="Primary Carrier"/>	<input type="text" value="ID #"/>	<input type="text" value="Group #"/>
<input type="text" value="Insurance Address"/>		

Referral Information

<input type="text" value="Diagnosis/Condition"/>	<input type="text" value="Diagnosed Date"/>	<input type="text" value="Previous Treatments"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

<input type="text"/>	<input type="text" value="Signature"/>
	<input type="text" value="Referral Date"/>

Please attach all relevant pathology, diagnostic reports, and physician notes and submit your referral to one of the following:

T: 833.442.7333 | F: 888.843.8316 | PhysicianSupport@SunStateSpecialists.com