



SCOTT & WHITE
Healthcare

College
Station

REFERRAL APPOINTMENT REQUEST FORM

Scott & White accepts most major insurance plans. Please consider the specialists at the Scott & White Healthcare College Station Clinic as a resource for all of your patients.

STEP 1: Please fax this form, insurance card and recent progress notes to: **979-691-3487**.

STEP 2: Contact **979-691-3443** and request the College Station Physician Referral Network if you have an urgent appointment request. If you experience a delayed response or have questions about our specialists, please call Physician Relations at **979-777-6215**.

Contact Person at Practice: _____ Daytime Phone: _____

Contact Person's Fax #: _____

Referring Physician: _____ NPI or SW ID #: _____

Specialty Requested for Patient: _____

Please select one: _____ Consult Only _____ Evaluate and assume care

Reason/DX: _____

* Need: _____ H&P Dictation _____ Lab Results _____ X-ray _____ Results on all referrals

Appt. time requested: _____ Today _____ 1st Available _____ Less than 1 week _____ Patient Convenience

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Daytime phone #: _____

_____ Male _____ Female Marital Status: _____ Married _____ Divorced _____ Single _____ Widowed

Social Security #: _____ MRN#: _____

(If child) Parent name: _____

Parent DOB: _____ Parent SSN: _____

Insurance Information: _____ Cardholder name: _____

If REQUIRED by insurance, provide the preauthorization number: _____

Cardholder DOB: _____ Cardholder SSN (only if different from patient): _____