



REFERRAL APPOINTMENT REQUEST FORM

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

STEP 1: Please fax this form, insurance card and recent progress notes to: 512-218-6330.

STEP 2: Contact the Physician Referral Network at 512-509-0300

* If you experience delayed response or have any questions about our specialist, please contact Physician Relations at 512-218-6382

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): _____