

Outside Provider Referral Form

Referral Coordinator: Amanda or Desiree (336) 883-0029 ext. 12294

- * 507 Lindsay Street High Point, NC 27262
- * 1580 Skeet Club Road High Point, NC 27265
- * 819 N. Main St. Ste 112 High Point, NC 27262
- * 3402 Battleground Avenue Greensboro, NC 27410
- * 3801 West Market St. Greensboro, NC 27410
- * 410 College Road Greensboro, NC 27410
- * 160 Kimel Forest Drive Winston Salem, NC 27103
- * 5093 University Parkway, W-S, NC 27105
- * 975 NC-66, Kernersville, NC 27284
- * 1908 Caudle Dr. Ste. 100, Mt Airy, NC 27030
- * 190 Independence Ave. Ste B, N Wilkesboro, NC 28659
- * 2805 S. Main Street, High Point, NC 27263

Reason for Referral (Diagnosis Code): _____

(must complete for processing)

Date _____ Ordering Provider: _____

Office Contact: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Provider Referring To: _____

Patient Name (Last, First): _____

Patient Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Patient Phone Number (Primary): _____ (Secondary): _____

Patient's Insurance: _____

Number of Visits Allowed: _____ Auth/Carolina Access/Referral #: _____

Preferred Exam Date: _____ Preferred Exam Time: _____ AM/PM

Please note that we **will not** be able to process referrals without the following:

- Referral notes, labs imaging pertaining to this referral
- Copy of insurance card
- Demographic sheet

*****Please fax referral information to (336) 875-7000*****

For Bethany Medical Use Only

Appt With: _____ Location: _____

Appt Date: _____ Time: _____

Completed By: _____