

Ashburn Family Healthcare, PLLC

Referral Request Form

If you need a referral from us to see another health care provider, please follow this procedure:

- Make your appointment with the Specialist and then fill out this form and fax/mail to us. You are responsible for verifying that the specialist takes your insurance.
- Please allow us a **MINIMUM** of 3 working days to generate your referral. If you do not give us 3 working days, you may need to reschedule your appointment or pay out of pocket.
- You have to get the referral **PRIOR** to seeing a Specialist. Your insurance company **WILL NOT ALLOW** us to post-date referrals. It is your responsibility to make sure that the referral is current.
- Some insurance companies allow us to process referrals electronically; once completed, these can be retrieved by Specialist's office electronically. If your referral is not processed electronically but is done on paper, you will need to pick it from our office to take to Specialist.
- If you are not familiar with the Specialist in the area, you can obtain their names by 1) Getting a list of recommendations from our office, 2) Checking your insurance book or your insurance company's website, 3) Calling your insurance company.

Incomplete Forms WILL NOT Be Processed

Patient Information:

Full Name: _____ D.O.B.: _____

Telephone Number where we can reach you during the Day: _____

Name of Health Insurance: _____ Health Insurance I.D. #: _____

Specialist Information:

Full Name: _____

Medical Specialty (Example: Surgery, Obstetrics, etc): _____

Date of Appointment: _____ Which Location: _____

Diagnosis: _____

Who from Our Office Referred You: _____

Form Completed By: _____

(For Office Use Only)

Date Received: _____ Specialist Id # for Health Plan: _____

Procedure Code (s): _____ Diagnosis Code (s): _____

Referral is valid till: _____ Number of Visits: _____

Date Processed: _____ Processed By: _____