Pediatric Neurology

420 Lowell Drive, Suite 404
Huntsville, Alabama 35801
(256) 265-1775 | *huntsvillehospital.org*
fax (256) 265-1780

Fax Referral Form

Please fax pertinent office notes, labs, previous studies, appropriate insurance referral and this form to **(256) 265-1780**.

Referring Physician _____ Office Contact _____

Phone _____ Fax _____

After hours information _____

Diagnosis and ICD codes _____

Patient Information

Full Legal Name _____

Gender _____ DOB _____ SSN _____

Parent/Guardian Name _____

Address _____

Best phone # _____ Alternate phone # _____

Primary Language, other than English _____ Is an interpreter needed? _____

Primary Insurance to File

Insurance Company Name _____

Policy # _____ Group # _____

Insured's Name _____ Relationship to Patient _____

Insured's Social Security # or I.D. # _____ Insured's Date of Birth _____

Secondary Insurance to File

Insurance Company Name _____

Policy # _____ Group # _____

Insured's Name _____ Relationship to Patient _____

Insured's Social Security # or I.D. # _____ Insured's Date of Birth _____

Once we have all the pertinent information, an appointment will be scheduled. Please note if referral information is incomplete it will result in a delay of scheduling as all information must be received before an appointment will be scheduled. We will contact your office with an appointment. Please call our office at **(256) 265-1775** with any questions or concerns.