

Adult Specialist Request



OPTIONS TO REQUEST AN APPOINTMENT:

- Direct Messaging/EHR: Referral@Direct.VidantHealth.com
- Fax: 252-847-3337 Phone: 252-847-0097
- Urgent
- CareLink

Please include complete office notes including labs and the physician referral note. If you have a stat appointment request, it is best to call the physician's office directly. For emergencies, send the patient to the closest Emergency Department.

Referral # _____ MRN # _____

Referring office _____	Referring office phone _____
Office contact _____	Contact's fax _____
Contact's email _____	Direct message address _____
Referring provider _____	Circle MD DO NP PA NPI # _____
For PAs and NPs – supervising physician _____	NPI # _____

Faxed on _____ Requested specialty _____

First available OR Requested provider _____

Preferred Location/Satellite Choice _____

Please explain reason for the referral/diagnosis _____

Please check the box for any diagnostic test already performed:

- MRI ECHO
- PFT CT
- X-Ray OTHER

Patient name _____ Patient birth date _____

Patient address _____

City _____ State _____ Zip _____

Gender Male Female Race _____ SSN _____

Home phone _____ Alternate phone _____

Preferred language English Spanish Other _____ Translator needed

Location where test was performed: _____

Additional Notes: _____

Insurance: BCBS Medicare Medicaid Medicaid CA Tricare Prime* Tricare Select

Self-pay Other _____

Primary insurance # _____ Group # _____

Secondary insurance _____ Group NPI for authorization _____

Dates covered _____ # Visits covered _____

**Appointment will not be scheduled until Tricare Prime, Gateway & BCBS Medicare HMO authorization is received*

REFERRAL SERVICE USE ONLY

Appointment date _____	Appointment time _____
Specialist name _____ MD DO NP PA	

Office name _____ Phone _____ Fax _____

Office address _____

Patient Notified by: Phone Specialty Office VM NVM Mail New patient