

CareFirst Referral

Written

Uniform Consultation Referral Form

1. PATIENT INFORMATION		2. CARRIER INFORMATION	
Date of Referral:	9/24/2008	Carrier Name: (circle one):	CareFirst BlueChoice CareFirst BlueCross BlueShield
Name:		Referral Number:	RE0000001
Date of Birth:	10/06/1987	Phone Number:	
Phone Number:	336 91100		

3. PRIMARY OR REQUESTING PROVIDER			
Name (Last, First, MI):		Specialty:	
Institution/Group Name:		Provider ID:	Provider ID #2: (if required)
Address (Street, City, State, Zip):	21785 Filmore Ct	Ashburn, VA	20147
Phone Number:	703-1100	Facsimile/Data Number:	1-1101

4. CONSULTANT/FACILITY PROVIDER			
Name (Last, First, MI):	Daniels, Stephanie	Specialty:	
Institution/Group Name:	Clear Dermatology	Provider ID:	Provider ID #2: (if required)
Address (Street, City, State, Zip):	21785 Filmore Ct #206	Ashburn, VA	20147
Phone Number:	703-996-4000	Facsimile/Data:	571-707-8123

5. REFERRAL INFORMATION	
Reason for Referral:	Evaluate retreat for acne vulgaris
Brief History, Diagnosis and Test Results:	

6. SERVICE DESIRED (PROVIDE CARE AS INDICATED)		7. PLACE OF SERVICE	
Initial Consultation Only		<input checked="" type="checkbox"/> Office	
Diagnosis Test (specify):		<input type="checkbox"/> Outpatient Medical/Surgical Center*	
<input checked="" type="checkbox"/> Consultation With Specific Procedures (specify):	evaluate retreat	<input type="checkbox"/> Radiology	
Specific Treatment:		<input type="checkbox"/> Laboratory	
Global OB Care & Delivery		<input type="checkbox"/> Inpatient Hospital*	
Other (explain):		<input type="checkbox"/> Extended Care Facility*	
		<input type="checkbox"/> Other (explain):	
		*(Specific facility must be named)	
Number of Visits:	3	Referral is Valid Until (Date):	12/24/2008
(If blank, 3 visits are assumed)		*(See carrier instructions)	
Signature (Individual completing this form):	Marcus Mitchell, MD	Authorizing Signature (if required):	

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan/carrier.

9/24/08
RA