

Adult Specialist Request



OPTIONS TO REQUEST AN APPOINTMENT:

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

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:

Insurance: BCBS Medicare Medicaid Medicaid CA Tricare Prime* Tricare Select
 Self-pay Other _____

Additional Notes:

Pre-auth needed: Yes No

Auth #: _____

Dates covered: _____

No. of visits covered: _____

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*

VIDANT PHYSICIAN REFERRAL SERVICE USE ONLY

Appointment date	Appointment time	
Specialist name	MD DO NP PA	
Office name	Phone	Fax
Office address		
Patient notified by: <input type="checkbox"/> Phone <input type="checkbox"/> Specialty Office <input type="checkbox"/> VM <input type="checkbox"/> NVM <input type="checkbox"/> Mail		<input type="checkbox"/> New patient