

Step 1: Fax this form, along with the patient's referral (if applicable) with the designated specialty to **877.645.8361**

Step 2: A Medical Office Scheduler will contact the patient within 24 hours to schedule an appointment with the appropriate provider

Step 3: You will receive a confirmation of your patients' appointment status or if we were unable to reach the patient

PHYSICIAN INFORMATION

Referring Physician: _____ NPI Number: _____

Contact Name: _____ Phone Number: _____

VISIT INFORMATION (CHECK ONE IN EACH CATEGORY)

SPECIALTY REQUESTED

- ☐ Orthopedics
- ☐ Pain Management
- ☐ Physical Therapy
- ☐ Podiatry
- ☐ Wound Care

AREA REQUESTED

- ☐ Brighton
- ☐ Novi
- ☐ Southfield

TIME REQUESTED

- ☐ STAT
- ☐ First Available
- ☐ Less Than One Week
- ☐ Patient's Convenience

VISIT TYPE

- ☐ New
- ☐ Follow-Up
- ☐ ER Follow-Up
- ☐ Workers' Comp
- ☐ Liability
- ☐ Date of Injury: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Guardian Name (if applicable): _____ DOB: _____

Reason for Visit/Diagnosis: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____

Secondary Insurance: _____ ID #: _____

Cardholder's Name: _____ DOB: _____

Please refer to the insurance guide to determine if the patient requires a referral; if a referral is required please note we will need to receive the referral from your office prior to seeing the patient.

When sending the referral, please include the approved number of visits and valid date range (i.e. 90 days)

REFERRAL CHECKLIST

When sending referrals to The CORE Institute:

To better serve our patients and our referring offices, we have put together a checklist of items needed to successfully process your patient's referral.

Please use the list to the side and confirm your patient's referrals include the following information.

For Reference:

The CORE Institute NPI #1306818331

The CORE Institute Tax ID #20-1778316

- ☒ Name of Patient
- ☒ Date of Birth
- ☒ Patient's Contact Number
- ☒ Valid Dates or Range
 - Ex: Referral good for 3 months, 6 months, etc.
- ☒ Number of Authorized Visits
 - Ex: Eval and treat = 2 visits
 - Ex: Eval and treat, 6 visits = 1 eval & 5 office visits
- ☒ Body Part and /or Diagnosis
- ☒ Specialty
 - Orthopedic
 - Pain Management
 - Physical Therapy
 - Podiatry
- ☒ Correct Insurance Information
- ☒ Referring Physician Information

PLEASE BE AWARE: IF THE PATIENTS INSURANCE REQUIRES A REFERRAL, WE MUST RECEIVE THE REFERRAL FROM YOUR OFFICE PRIOR TO THE PATIENTS SCHEDULED APPOINTMENT IN ORDER TO BE SEEN.