CORE REFER FORM

☎ 248.349.7015 | CORE Refer Fax 📠 833.344.1385

SECURE MESSAGING: portal.services@thecoreinstitute.direct-ci.net

Step 1: Fax this form, <u>along with the patient's referral</u> (if applicable) with the designated specialty to **833.344.1385**

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	AREA REQUESTED	TIME REQUESTED	VISIT TYPE
□ Orthopedics/Spine Care	□ Brighton	□ STAT	□ New
□ Pain Management	□ Novi	□ First Available	□ Follow-Up
□ Physical Therapy	□ Southfield	□ Less Than One Week	□ ER Follow-Up
□ Podiatry		□ Patient's Convenience	□ Workers' Comp
□ Wound Care			□ 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 <u>prior</u> to seeing the patient.

When sending the referral, please <u>include</u> 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.