


ColumbiaDoctors | Primary Care
Nurse Practitioner Group

HOUSE CALLS REFERRAL FORM

888-264-8606 (REFERRAL LINE)

Attention to Melissa: Fax 212-342-0093

Today's Date: [Date]			Do you have a PCP: [PCP]		
PATIENT INFORMATION					
Patient's last name:		First:	Middle:	[Choose an item]	Marital status: [Choose an item]
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?	Former name:		Birth date: [Birthday]	Age: Sex: <input type="radio"/> M <input type="radio"/> F
Address:					
Social Security no. (last 4 digits) :		Home phone no.:		Cell phone no.:	
Mother's first name: Father's first name:		Medications list:		Allergies:	
Referred to House Calls program by (Please choose one option): <input type="radio"/> [Doctor's name] <input type="radio"/> Other					
Reason for referral:					
INSURANCE INFORMATION					
(Please give or send a copy of your insurance card with this form.)					
Person responsible for bill:	Birth date: [Birthday]	Address (if different):		Home phone no.:	
Is this person a patient here?	<input type="radio"/> Yes <input type="radio"/> No	Is this patient in rehab/SNF?		<input type="radio"/> Yes <input type="radio"/> No	
Please indicate primary insurance: [Choose an item] Other:					
Medicare	Medicaid				
Patient's relationship to subscriber: [Choose an item] Other:					
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:
Patient's relationship to subscriber: Self Other:					
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.:	Work phone no.:	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Columbia Doctors Primary Care Nurse Practitioner Group or insurance company to release any information required to process my claims.					
_____ Patient/referee signature			_____ Date		