

Information Necessary to Process Insurance Referrals



Long Pond Pediatrics and Osteopathy, PC
110 Long Pond Rd., Ste. 211
Plymouth, MA 02360
Phone 508-747-1663 Fax 508-747-5581

Instructions for Patient: Please give this form to the specialist you/your child will be seeing to be completed. If you prefer, you may call the specialist to get the information and bring or fax the form to the office.

Pt. Name*	_____	DOB*	_____
Pt. Insurance*	_____		
Referring Provider*	_____		
Name of Specialist*	_____		
NPI Number of Specialist*	_____		
Diagnosis/Procedure Code	_____		
Fax Number of Specialist*	_____		
Phone Number of Specialist*	_____		
Contact Person*	_____		
Date of Appointment*	_____		
Number of Visits*	_____		
Reason for referral*	_____		
Additional Info/Notes	_____ _____		

**Specialist Please fill out the information on this form and fax back to 508-747-5581 for processing.
All fields with a * are required in order for an insurance referral to be processed.**

**We will attempt to fax referral authorizations twice. Please note that specialist can pull all authorizations off the payer's websites. If you have not received a referral, please check the payer website before calling our office.
Thank you for cooperation with this policy.**