Kedar Deshpande, M.D.
Board Certified by the American Academy of Pain Medicine
Board Certified by the American Academy of Physical Medicine and Rehabilitation
Mark Dean, M.D. Vascular & Interventional Radiology
Jamie Weaver, CNP * Sarah McMillen, CNP
Ben Flaherty, PA-C

New Patient Referral Form

Please send medical records related to referral, imaging reports and insurance card.
Complete & fax to (614) 956-1382. To schedule an appointment please call (614) 956-1371.

PATIENT INFORMATION:

Patient's Name:_____ Male or Female
Street Address:_____
City, State and Zip:_____
DOB: _____ SSN: _____ Marital Status:_____
Home Phone: _____Alternate #: _____

PRIMARY INSURANCE INFORMATION:

If HMO insurance, documentation of authorization must accompany this form. We are not a third party biller.

Primary Insurance: _____
Policy ID: _____ Group Number: _____
Subscriber Name: _____DOB: _____
Secondary Insurance: _____
Policy ID #: _____ Group Number: _____
Subscriber Name: _____ DOB: _____
BWC Visit: Yes or No Claim and DOI: _____*Please fax approved C9
*Please contact our office for a complete list of insurance carriers accepted by our office

REFERRAL INFORMATION:

Is this a referral for: PHYSICIAN or ADDICTION COUNSELING
Reason for referral: _____

PHYSICIAN INFORMATION:

Referring Physician: _____NPI#:_____
Contact: _____Phone#:_____Fax#:_____
Primary Care Physician:_____Phone:_____

Location: _____ 6810 Perimeter Drive, Suite 200-A, Dublin, OH 43016

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