Medical Director: Kedar K. Deshpande, MD, FAAPMR
Eric Dardinger, CNP
Psychology Services: Vijay K. Balraj, PhD
Interventional Spine Specialist
Interventional Pain Management
Physical Medicine & Rehabilitation

NEW PATIENT REFERRAL FORM

Please send medical records related to referral, imaging reports and insurance card.
Complete & fax to (614) 468-0212

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 PSYCHOLOGY SERVICES?
Reason for referral: _____

PHYSICIAN INFORMATION:

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

Location for Appointment:

_____ 6810 Perimeter Drive, Suite 200-A, Dublin, 43016
_____ 453 Allenby Drive, Marysville, 43040
_____ 14882 State Route 13, Thornville, 43076