



**Kedar K. Deshpande, M.D., FAAPMR**  
**Jamie Weaver, CNP**  
**Chiropractic Services: Ryan Church, D.C.**  
**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 information.  
 Complete and fax to: 614-956-1382

**PATIENT INFORMATION:**

Patient's Name: \_\_\_\_\_ Male or Female  
 Street Address: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ 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 No: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_  
 Policy ID#: \_\_\_\_\_ Group No: \_\_\_\_\_  
 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 accept by our office

**REFERRAL INFORMATION:**

Is this a referral for:                      PHYSICIAN                      CHIROPRACTIC                      PSYCHOLOGY  
 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