To all office Staff,

We would like to thank you for all of your patient referrals. As a new office policy, we will no longer be taking new patient referrals over the phone. For your convenience, we have designed a New Patient Referral Form as well as an EMG/EEG Referral form. These forms are intended to cut down on the wait time to schedule a patient for an appointment or for testing in our office. For new patient referrals, you will need to fill out our form, and then fax it along with the patient's insurance card(s) and all relevant records and testing results. For an EMG/EEG referral, please just fill out the form which also can be used as the order and fax it along with the patient's insurance card(s).

Please note that completed referrals will not be processed and patients will not be able to schedule appointments until all records requested are faxed. **With the increased volume of patient referrals, we ask that you inform the patient to contact our office 48hrs after referral has been sent. Please allow up to 48hrs for all referrals to be processed.**

We also will no longer inform referring offices of appointment times/dates scheduled for patients. With our limited office staff and increased patient volume our office does not have the additional time to inform all referring offices of patient appointments. We apologize in advance for any inconvenience.

Again, thank you very much for your referrals. If you have any questions, please feel free to contact our office at (812) 330-0303.

Sincerely,

Scheduling Department of Neurology Specialists

Jamie C. Bales, MD **Brian H. Moore, MD**

Date: ____________ Referring Physician: _____________________________________ NPI#:______________

Office Contact: ______________________ Phone: ______________________________ Fax#:______________

Patient Name: _______________________ Home Phone: ________________________ Alt #:_____________

Address: ____City/State/ZIP: ______________________________

DOB: ____________SSN:____________________________ Primary Doctor: ______________________________

****** PLEASE: Fax completed referral form with COPIES of insurance cards, entire medication list, relevant records and diagnostic tests related to the reason for the referral so that we may schedule the client without delay. ALL information MUST be received in order to process referral. Referral will not be processed if referral is not complete. Please fax referral/records to (812)330-0404. ******

Insurance Type: Medicare, Medicaid, Work Comp, Commercial/Other, please specify: __________________

Id #________________________________ Group #_____________ Insurance Phone#: __________________

Do you want this patient scheduled with a specific provider? Yes___ No ____ **OR** Urgent Work In _____
Jamie C. Bales, M.D.____ Brian H. Moore, M.D.____

Diagnosis/reason for referral: ____

Preferred Office Location: ___________ Main Office: 813 West 2nd Street Bloomington, IN 47403

___________ Bedford Office: 2900 West 16th Street Bedford, IN 47421

___________ Dunn Office: 2520 Q Street Bedford, IN 47421

****** PLEASE Note: Inform patient to contact our office 24hrs after completed referral/records have been sent. It takes our office 24hrs to process all referrals. Please have patients contact our office at (812)330-0303, option 1 for scheduling dept.******

EMG/EEG REFERRAL SHEET

REFERRING DOCTER NAME AND FAX # ____________________

PATIENT NAME ____________________

GENDER __________ PHYSICIAN SIGNATURE: ____________________

ADDRESS ____________________

PHONE NUMBER ____________________

DATE OF BIRTH ____________________

SSN ____________________

INSURANCE NAME ____________________

POLICY NUMBER ____________________

EMG RU LU RL LL OR EEG ____________________

NCV RU LU RL LL DIAGNOSIS ____________________

EMG/NCV RU LU RL LL ____________________

APPOINTMENT ____________________

****** Please note: Fax all referral request to (812) 330-0404. Inform all patients that our office will contact them to schedule testing. If they have any questions or concerns, please direct all patients to our scheduling department at (812)330-0303, option 1******