KENTUCKY PAIN INSTITUTE  SPURLOCK CHIROPRACTIC CENTRE

Provider Referral Page

For an Appointment Fax this **completed** Referral Form to (606)784-2794
Questions? Need immediate assistance? Call (800)318-4444 or (606)784-1115

Referring Provider Information

Facility Name: _____ Contact Name: _____
Referring Provider: _____ M.D. D.O. APRN NPI #: _____
Phone: _____ Fax: _____
Address: _____ City: _____ State: ____ Zip: _____

Patient Information

Full Name: _____
DOB: _____ SS#: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____
Patient Complaint/Diagnosis: _____

Insurance Information

Primary Insurance:
☐ Medicare ☐ Medicaid ☐ BCBS/Anthem ☐ Humana ☐ Other: _____
Secondary Insurance:
☐ Medicare ☐ Medicaid ☐ BCBS/Anthem ☐ Humana ☐ Other: _____
Work Comp or Auto Insurance: _____
Address: _____ City: _____ State: ____ Zip: _____
Date of Injury: _____ Claim #: _____ Fax: _____
Claim Adjustor: _____ Phone: _____ Ext: _____

Please include the following with your referral page:

- ☐ Patient registration or demographic page (address, emergency contact, marital status, email, etc)
- ☐ Last office notes/Referral
- ☐ Imaging reports (MRI, XR, CT, etc)
- ☐ Copy of insurance card(s) or insurance information

***** PLEASE MAKE COPIES OF THIS FORM FOR FUTURE REFERRALS*****

For Use by Kentucky Pain Institute:

Appointment date: _____ Time: _____ AM/PM
Patient Notified: ☐ Yes ☐ No, sent mail notification ☐ Unable to reach patient ☐ Patient declined
Comments: _____