

LEO GERMIN, MD, FAANEM
&
NEUROLOGICAL
ASSOCIATES



CONTACT:

SCHEDULING: (702) 804-4949

FAX: (702) 577-0985

SERVICES:

Neurological Consultation & Treatment
 NCV/EMG, EEG (Reg., 24h, 48h), TCD

3 STEP REFERRAL FORM

DATE: ____/____/____

PATIENT NAME:		DOB:	SSN:	EMAIL:
PATIENT ADDRESS (Street):		(City):	(State and Zip):	
CELL PHONE (Please Provide):		WORK / ALT. PHONE:	HOME PHONE:	
REF. PHYSICIAN / CLINIC:		PHONE:	FAX:	FAX CONTACT:
PATIENT DUE BACK IN THE OFFICE ON:		OTHER INFORMATION:		

STEP 1: CHOOSE THE PAYER SOURCE: (Some sources require prior auth. Please call with any questions)

INSURANCE

INSURANCE (Primary): <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other	INSURANCE (Secondary): <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other	AUTHORIZATION #:	REFERRING DATE:
OTHER INFORMATION (Authorization Expiration Date, etc...):			

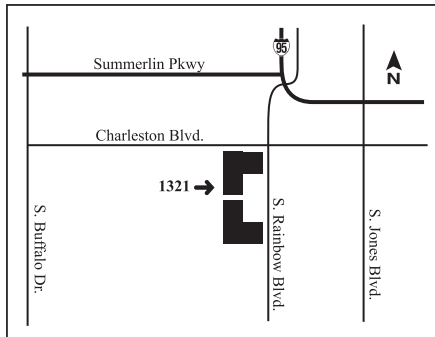
WORKERS COMPENSATION

WORKERS COMPENSATION COMPANY:	CLAIM #, DOI, ADJUSTER:	PHONE:
OTHER INFORMATION (DOI, Adjuster, etc...):		

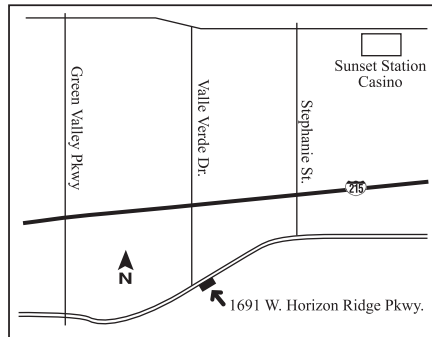
MEDPAY MEDICAL LIEN OTHER:

PAYER:	ADDRESS:		
CLINIC / ATTY / FIRM:	PHONE:	FAX:	FAX CONTACT:

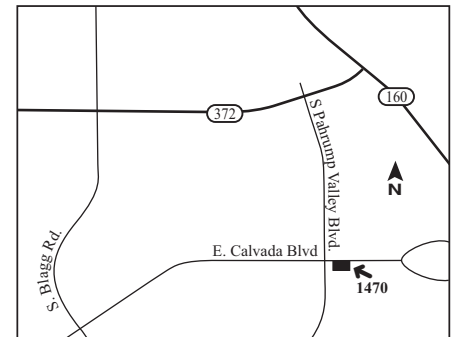
STEP 2: CHOOSE LOCATION AND SERVICE: (Some services require prior auth. Please call with any questions)



LAS VEGAS
1321 S. RAINBOW BLVD. STE # 240
LAS VEGAS, NV 89146
PHONE: (702) 804-6555



HENDERSON
1691 W. HORIZON RIDGE PKWY. STE # 100
HENDERSON, NV 89012
PHONE: (702) 804-1212



PAHRUMP
1470 E. CALVADA BLVD. STE # 100
PAHRUMP, NV 89048
PHONE: (702) 450-8484

CONSULTATION:	<input type="checkbox"/> CONSULT	<input type="checkbox"/> TRANSFER OF CARE EVALUATION	<input type="checkbox"/> NEUROMUSCULAR 2ND OPINION (EDX CONSULT)
TESTING:	<input type="checkbox"/> HANDS / ARMS	<input type="checkbox"/> LEGS / FEET	<input type="checkbox"/> OTHER
WRITE REFERRAL DX CODES FROM THE BACK OF THIS PAGE:			

STEP 3: FAX THIS FORM, PROGRESS NOTES, ID, INS. CARD, AVAILABLE RECORDS TO OUR e-FAX: (702) 577-0985