

## Information Necessary to Process Insurance Referrals



Long Pond Pediatrics and Osteopathy, PC  
110 Long Pond Rd., Ste. 211  
Plymouth, MA 02360  
Phone 508-747-1663 Fax 508-747-5581

**Instructions for Patient: Please give this form to the specialist you/your child will be seeing to be completed. If you prefer, you may call the specialist to get the information and bring or fax the form to the office.**

Pt. Name*	_____	DOB*	_____
Pt. Insurance*	_____		
Referring Provider*	_____		
Name of Specialist*	_____		
NPI Number of Specialist*	_____		
Diagnosis/Procedure Code	_____		
Fax Number of Specialist*	_____		
Phone Number of Specialist*	_____		
Contact Person*	_____		
Date of Appointment*	_____		
Number of Visits*	_____		
Reason for referral*	_____		
Additional Info/Notes	_____ _____		

**Specialist Please fill out the information on this form and fax back to 508-747-5581 for processing.**

**All fields with a \* are required in order for an insurance referral to be processed.**

**We will attempt to fax referral authorizations twice. Please note that specialist can pull all authorizations off the payer's websites. If you have not received a referral, please check the payer website before calling our office.**

**Thank you for cooperation with this policy.**