



USE THIS FORM TO MAKE A NEW PATIENT REFERRAL TO:

UNIVERSITY MEDICAL ASSOCIATES, P.S.C.
401 East Chestnut Street, Suite 310
Louisville, Ky 40202
Phone: 502-584-8563
Fax: 502-813-6045

Complete the information on this form and fax this form along with required attachments to:
502-813-6045 Attn: Jennifer

- Infectedious Disease, Cardiology, Pulmonary, Endocrinology/Metabolism & Diabetes, Rheumatology (NO Fibromyalgia), Gastroenterology

BEFORE AN APPOINTMENT WILL BE SCHEDULED, THE FOLLOWING INFORMATION MUST BE PROVIDED:
(please print neatly)

Referring MD Telephone #

Contact person at referring MD office Fax#

Patient's Name Date of birth SSN:

Street Address City State Zip

Patient's telephone number (where patient can be reached between 8am-4:30pm)

Patient Diagnosis

Reason for Visit

Patient Employer

PLEASE ATTACH THE FOLLOWING INFORMATION:

- Copy of patient's health insurance card (both sides of card, please)
Insurance referral, if needed. No appointment will be scheduled without the needed referral included with the patient's medical records.
Copy of all pertinent medical records that support reason for the referral. Include any labs, xrays, etc. (These records will be reviewed by the physician to determine urgency of the appointment.)
Copy of patient's demographics.

THANK YOU FOR YOUR KIND REFERRAL. ONCE ALL INFORMATION IS RECEIVED, RECORDS WILL BE GENERALLY REVIEWED AND THE PATIENT WILL BE CONTACTED IN APPROXIMATELY 3-5 BUSINESS DAYS OF RECEIPT. THIS TIME WILL BE EXTENDED IF WE RECEIVE INCOMPLETE INFORMATION OR IF WE HAVE DIFFICULTY REACHING THE PATIENT.

WE WILL CONTACT THE PATIENT TO SCHEDULE THE APPOINTMENT. IN THE EVENT WE ARE UNABLE TO SCHEDULE THIS APPOINTMENT, YOUR OFFICE WILL BE NOTIFIED VIA FAX.

PLEASE CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER - 502-584-8563.

PLEASE NOTE: We do not accept Humana Medicare Replacement except for the PFFS plan. We do not take Passport for Gastroenterology and Endocrinology.