



# REFERRAL FORM

## REQUIRED INFORMATION FOR ALL REFERRALS

### REFERRING PROVIDER

Referring Provider: \_\_\_\_\_ NPI #: \_\_\_\_\_

Date: \_\_\_\_\_ Referral Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

### REASON FOR REFERRAL

Consultation

EMG one extremity \_\_\_\_\_

EMG two extremities \_\_\_\_\_

Diagnosis \_\_\_\_\_

### PATIENT INSURANCE INFORMATION

**WORKERS COMP?**  YES  NO **APPROVED?**  YES  NO **AUTO?**  YES  NO CERT CODE/ATH: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

INSURED'S NAME/RELATIONSHIP: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (OF POLICY HOLDER)

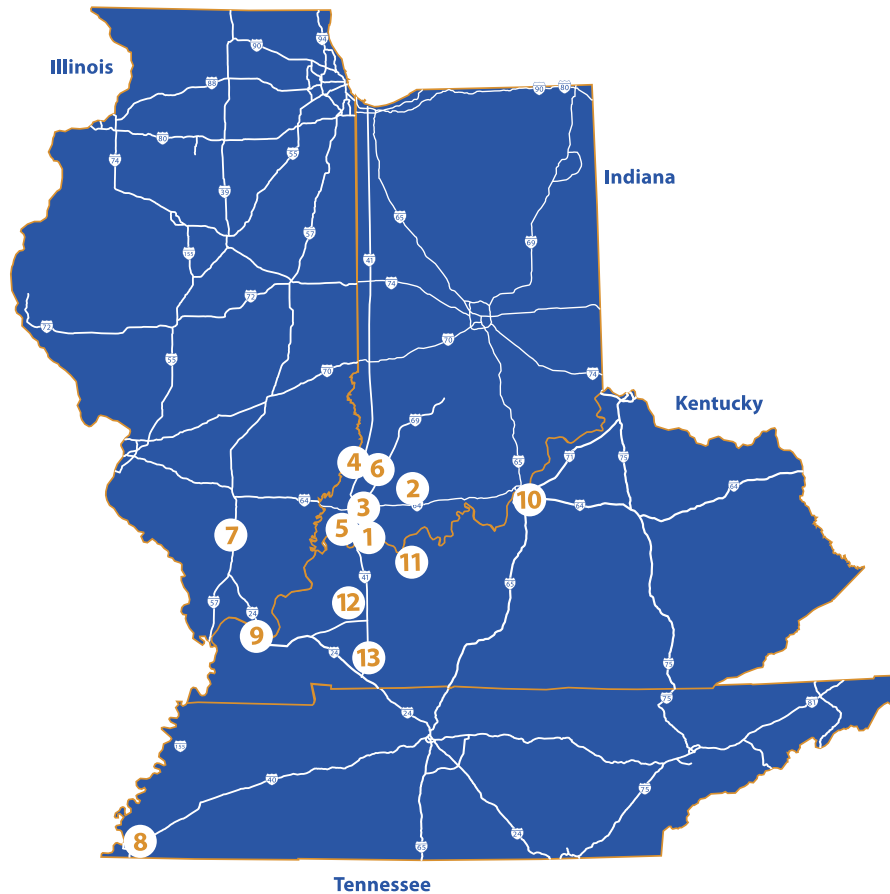
EMPLOYER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

**1101 Professional Boulevard, Suite 100 • Evansville, IN 47714 • East Side**  
**5320 Weston Road, Suite B • Evansville, IN 47712 • West Side**  
**Phone: 812.477.7246 Fax: 812.477.7240 Email: [referrals@apccweb.com](mailto:referrals@apccweb.com)**

Please send office visit notes, recent MRI, X-ray, CT, NCS, or PT reports along with this form. Please fax all the above information.  
We will contact you with an appointment date and time. Thank you for your referral.

## CLINIC LOCATIONS

## PROVIDERS



### INDIANA

**Evansville, IN (East Side) 1**  
1101 Professional Boulevard  
Suite 100  
Evansville, IN 47714  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Evansville, IN (North Side) 3**  
2330 Lynch Road  
Suite 100  
Evansville, IN 47711  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Evansville, IN (West Side) 5**  
5320 Weston Road  
Suite B  
Evansville, IN 47712  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Huntingburg, IN 2**  
1013 N. Main Street  
Huntingburg, IN 47542  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Vincennes, IN 4**  
1813 Willow Street  
Suite 3B  
Vincennes, IN 47591  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Washington, IN 6**  
1717 S. State Road 57  
Suite F  
Washington, IN 47501-4178  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

### KENTUCKY

**Paducah, KY 9**  
67 Lakeview Drive  
Paducah, KY 42001  
Phone: 270.554.8373  
Fax: 270.554.0493  
Email: info@pmcoa.us

**Louisville, KY 10**  
6400 Dutchmans Parkway, Suite 60  
Louisville, KY 40205  
Phone: 502.780.6880  
Fax: 502.780.6911  
Email: referrals@apccweb.com

**Owensboro, KY 11**  
2200 East Parrish Avenue  
Building C, Suite LL103  
Owensboro, KY 42303  
Phone: 270.854.1306  
Fax: 812.379.8109  
Email: referrals@apccweb.com

**Madisonville, KY 12**  
200 Clinic Drive, 6th Floor  
Madisonville, KY 42431  
Phone: 812.477.7246  
Fax: 812.477.7240  
Email: referrals@apccweb.com

**Hopkinsville, KY 13**  
1717 High Street, Suite 3B  
Hopkinsville, KY 42240  
Phone: 270.881.4150  
Fax: 270.881.4151  
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Louisville, KY

**Heloise D. Westbrook, MD**  
Hopkinsville, KY. Madisonville, KY.

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Marion, IL 62959  
Phone: 618.997.7820  
Fax: 618.997.6721  
Email: info@pmcoa.us

### TENNESSEE

**Memphis, TN 8**  
8001 Centerview Parkway  
Suite 215  
Cordova, TN 38018  
Phone: 901.249.5905  
Fax: 901.249.5940  
Email: info@pmcoa.us



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MANAGEMENT**  
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