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Board Certified Family Medicine

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Email: referrals@apccweb.com

PLEASE INCLUDE OFFICE NOTES AND RADIOLOGY / DIAGNOSTIC REPORTS

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:

- Eval & Treat
- Evaluate for spinal cord stimulator
- Intrathecal Pain pump
- Electrodiagnostic Medicine – EMG
- Kyphoplasty
- Clinic Location Request _____
(See backside for map)
- Specific Provider Request _____
- Other: _____

PATIENT INSURANCE INFORMATION

WORKERS COMP? YES NO APPROVED? YES NO AUTO? YES NO CERT CODE/ATH _____

INSURANCE CARRIER _____ PHONE NUMBER _____

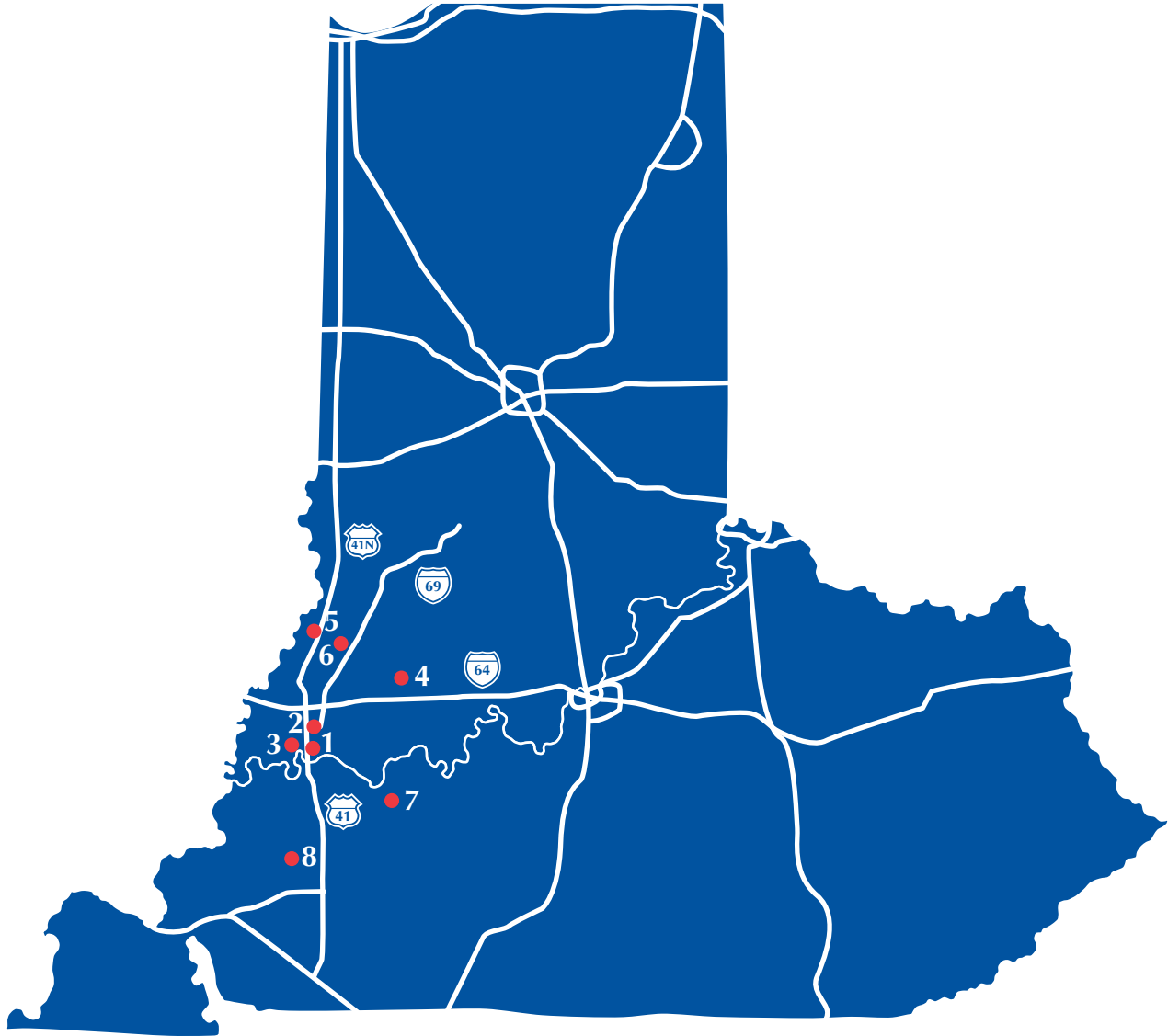
INSURED'S NAME/RELATIONSHIP _____ DOB ___/___/___ (OF POLICY HOLDER)

EMPLOYER _____ POLICY # _____ GROUP # _____

1101 Professional Blvd. Evansville, IN 47714 Phone: 812.477.7246 Fax: 812.477.7240

Email: referrals@apccweb.com

Clinic Locations



1. Evansville (East Side)
1101 Professional Boulevard,
Suite 100
Evansville, IN 47714

2. Evansville (North Side)
2330 Lynch Rd, Suite 100
Evansville, IN 47711

3. Evansville (West Side)
5320 Weston Road, Suite B
Evansville, IN 47712

4. Huntingburg
1013 N. Main Street
Huntingburg, IN 47542

5. Vincennes
1813 Willow Street, Suite 3B
Vincennes, IN 47591

6. Washington
1717 S. State Rd 57, Suite F
Washington, IN 47501-4178

7. Owensboro
2200 East Parrish Avenue
Building C, Suite LL103
Owensboro, KY 42303

8. Madisonville
200 Clinic Drive, 6th Floor
Madisonville, KY 42431

Phone: 812.477.7246 • Fax: 812.477.7240

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