



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: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____ SSN: _____

REASON FOR REFERRAL

Location of Pain:

- Low back
- Mid back
- Neck
- _____
- _____
- Diagnosis code

Specific Request

- Eval and treat
- Interventional Techniques
- Spinal Cord Stimulator
- Intrathecal Infusion System
- _____

Provider requested:

- Gavin Chartier, MD

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)

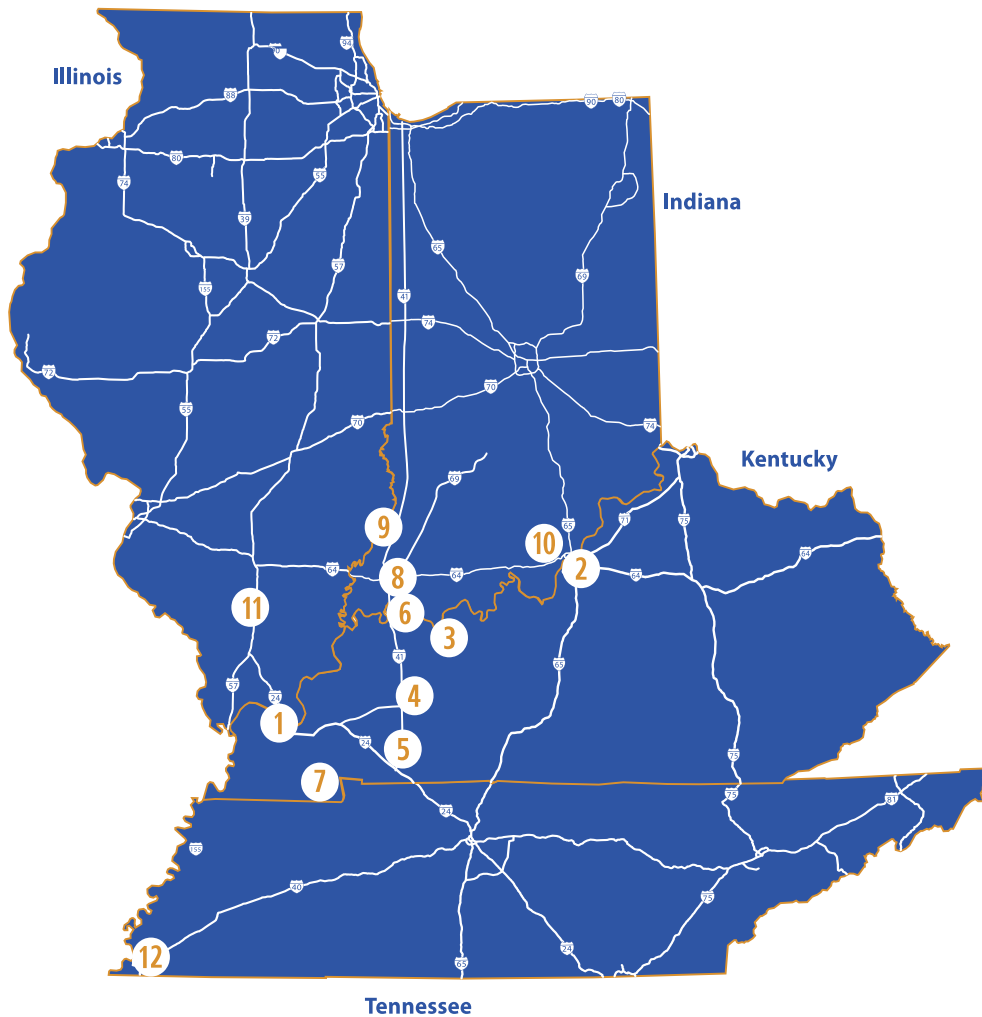
EMPLOYER: _____ POLICY #: _____ GROUP #: _____

1813 Willow Street, Suite 3B • Vincennes, IN 47591

Phone: 812.477.7246 Fax: 812.477.7240 Email: 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



KENTUCKY

Paducah, KY 1

67 Lakeview Drive, Paducah, KY 42001
Phone: 270.554.8373 • Fax: 270.554.8987
Email: info@pmcoa.us

Louisville, KY 2

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

Owensboro, KY 3

3332 Villa Point, Suite 104
Owensboro KY 42303
Phone: 270.854.1306 • Fax: 812.379.8109
Email: referrals@apccweb.com

Madisonville, KY 4

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

Hopkinsville, KY 5

112 Keeton Drive, Hopkinsville, KY 42240
Phone: 270.881.4150 • Fax: 270.881.4151
Email: info@pmcoa.us

Murray, KY 7

1720 Suite I KY ST RT 121 North, Murray, KY 42071
Phone: 270.992.7246 • Fax: 270.992.7247
Email: info@pmcoa.us

INDIANA

Evansville, IN (East Side) 6

1101 Professional Boulevard, Evansville, IN 47714
Phone: 812.477.7246 • Fax: 812.477.7240
Email: referrals@apccweb.com

Evansville, IN (North Side) 8

2330 Lynch Road, Suite 100, Evansville, IN 47711
Phone: 812.477.7246 • Fax: 812.477.7240
Email: referrals@apccweb.com

Vincennes, IN 9

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

New Albany, IN 10

2201 Green Valley Road, New Albany, IN 47150
Phone: 812.949.1223 • Fax: 812.945.4765
Email: referrals@apccweb.com

ILLINOIS

Marion, IL 11

108 Airway Drive, Marion, IL 62959
Phone: 618.997.7820 • Fax: 618.997.6721
Email: info@pmcoa.us

TENNESSEE

Memphis, TN 12

8000 Centerview Parkway, Suite 100, Cordova, TN 38018
Phone: 901.249.5905 • Fax: 901.249.5940
Email: info@pmcoa.us

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