

www.stiffmd.com/Physican_Referral

MICHAEL G. STIFF, M.D. INC. REFERRAL INFORMATION FORM
615 1-E Copeland Mill Road, Westerville, Ohio 43081
PHONE: 614-898-5000 FAX: 898-7900

Appt. Scheduled - (office use only)
OV

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TODAY'S DATE: _____

PATIENT INFORMATION:

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SS #: _____ HM PHONE: _____ WK/CELL PHONE: _____

PT'S EMPLOYER: _____

NAME OF INSURED (if other then pt) _____ D.O.B. _____

CARD HOLDER'S EMPLOYER: _____

PRIMARY INSURANCE (see box below) _____

ID #: _____ GROUP/PLAN #: _____

INSURANCE CLAIM ADDRESS: _____

INSURANCE PHONE #: _____

SECONDARY INSURANCE (see box below) _____

ID #: _____ GROUP/PLAN #: _____

INSURANCE CLAIM ADDRESS: _____

INSURANCE PHONE #: _____

REFERRING OFFICE INFORMATION:

REFERRING M.D.: _____ NPI _____

STAFF CONTACT: _____ PHONE#: _____ FAX#: _____

REASON FOR REFERRAL: EGD COLONOSCOPY CONSULT OTHER _____

DIAGNOSIS/ADDITIONAL NOTES:



**** Please fax copies of labs, office notes, and test results along with the insurance cards- front and back**
(ENLARGED if possible)**



DR. STIFF'S OFFICE USE ONLY

Pt accessing NPP via website: _____

DATE INFO RECEIVED: _____ INFORMATION MAILED TO PT: _____

PT IN OFFICE: _____ PHONED TO PT: _____ FAXED PT: _____

Please note that Dr. Michael G. Stiff, MD is NOT a provider for the following insurance companies:
- Aetna - Private Healthcare Systems (PHCS) - Beech Street Network - Regular Tricare
- Most Medicare Advantage Replacement PPO/HMO plans (except MMO MCR and Humana MCR) -
- Workers Compensation - Medicaid (and all Medicaid HMOs - neither primary or secondary) **The patient may want to check with their insurance company for their Out of Network Benefits and if available, choose to see Dr. Stiff on an Out of Network basis, however their out-of-pocket responsibility will be a higher amount.