

R&O RHEUMATOLOGY&OSTEOPOROSIS services p.c.

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REFERRAL FORM FOR NEW PATIENTS AT R&O

- 1) Please complete this form and fax it along with the items listed in #2 to our office at 402-464-4447 attn Sam or email to newpatient@rheumatologyandosteoporosis.com

**NOTE:* R&O does NOT accept the following insurance plans for New Patients: Catholic Health Initiatives, Christian Health ministries, Limited benefit plans, Medicare Advantage (Aetna advantra, Humana), Medi-Share or Self-Pay.

- 2) Please submit the patient insurance cards (front & back), demographics and the last 1-2 years of medical records, please include: office visit notes, labs, DXA/imaging and immunization records. ***Referrals missing any information may take longer to process which will delay getting patient a scheduled appointment.***
- 3) Our Providers review all records prior to scheduling new patient appointments. We will contact your patient to schedule an appointment within 7 days of referral. If the patient is still in your office, please direct them to our website above to print off our new patient paperwork to fill out prior to scheduling their appointment.

Patient Name: _____

DOB: _____ Sex: Male Female

Address: _____

City _____ State: _____ Zip Code: _____

Phone Number(s): _____ Email: _____

Insurance Company: _____ Insurance ID#: _____

Guarantor/DOB: _____ Insurance Group #: _____

Upcoming Ortho Surgery? Yes No

If Yes, When? _____

Reason For Referral: _____

Referring Physician: _____

Referring Physicians Office: _____

Best Name/Number to reach at the Referring Office: _____

Referral Date: _____