

R&O RHEUMATOLOGY&OSTEOPOROSIS services p.c.

7441 O Street, Suite 400
Lincoln, Nebraska 68510
Tel: (402)464-9000 Fax: (402)464-4447

Amy S. Garwood, M.D.
Jennifer R. Elliott, M.D.

www.rheumatologyandosteoporosis.com

Insurance card copies are required to process all referrals.

****All Medicare plans MUST have a supplement****

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 or email to newpatient@rheumatologyandosteoporosis.com
- 2) Please submit the patient insurance card(s) copies (front & back), demographics, the last 2 years of medical records. Please include: office visit notes, labs, DXA/imaging, injection/infusion records and immunization records. **Referrals missing any information, including insurance card copies, may take longer to process, which will delay getting patient a scheduled appointment.**
- 3) All of our incoming referrals undergo a provider review process prior to scheduling. R&O does not generally treat patients younger than 18 years and does not do genetic testing for Ehlers Danlos Syndrome (EDS).
- 4) We will contact your patient to schedule an appointment and will let your office know if we are unable to see patient. ***Our team will also send out a confirmation fax to confirm appointment date.*** If the patient is still in your office, please direct them to our website to print our new patient paperwork* to fill out prior to scheduling their appointment. *note- patients will not typically be scheduled without completed paperwork.

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: _____

Is this an urgent referral? Yes No Is patient pregnant? Yes No

Referring Physician: _____

Referring Physicians Office: _____

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

Referral Date: _____

PCP (if different from referring provider: _____