

New Consult Referral

Sanjay Chaudhary MD FACR
Cary Rheumatology & Arthritis Associates PA
300 Ashville Avenue, Suite 220 NC 27158
Phone: 1-919-344-0180 Fax: 919-851-1900

Referral Date: _____

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| Patient Information Name: _____ DOB: _____ Address: _____ Contact Phone number: _____ Email: _____ |
| Primary Insurance ID No.: _____ Effective Date _____ Subscriber Name: _____ Group No.: _____ Sec Insurance ID No.: _____ Group No: _____ |

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| Specialist Referred To: Sanjay Chaudhary MD FACR 300 Ashville Avenue Cary, NC 27518 Phone 919-344-0180 , Fax 919-851-1900 |
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| Referring Physician & Practice Name: _____ NPI No.: _____ Phone Number: _____ Fax Number : _____ Address : _____ Primary care Physician _____ Phone/Fax: _____ |
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Signature of Referring Physician: _____

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| Diagnosis/Reason for Referral: _____ ----- Pertinent Study results: <i>Please send most recent lab work ,Xray and last visit note of referring physician</i> |
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- Initial consultation and report (one visit)
- Initial consultation and report with follow-up for a total of _____ visits
- **We do not participate in Medicaid,Tricare prime,Atena. For Medicare patient call our office first to find if we are accepting at present or not.**
- **Out-of-Network referrals require prior authorization.**
- **Coverage is contingent on eligibility at time of services and within limits of benefit plan.**
- **Please inform the patient allow 2-3 business days once we receive fax referral for review. Our provider will review it first and then office will call patient to schedule the consult visit.**
- **We thank you for your referral and appreciate your support for our practice.**