



888.374.1015 | New Patient Referral Fax: 833.705.4101

We will contact your office with appointment information. Please include a copy of the patient's demographics page & records with the referral form.

<b>ANNISTON</b> <b>901 Leighton AVE #602</b> <input type="radio"/> Rami Atallah, MD <input type="radio"/> Robert M. Conry, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>ATHENS</b> <b>707 West Market ST</b> <input type="radio"/> Brian Mathews, MD <input type="radio"/> Heather Shah, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>CULLMAN</b> <b>1948 AL HWY 157, POB 1 STE 380</b> <input type="radio"/> John Dasher, MD <input type="radio"/> Amy Stubbs, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>DECATUR</b> <b>1107 14th AVE SE, STE 200 1310 14th AVE SE</b> <input type="radio"/> Diego Bedoya, MD <input type="radio"/> Naveen Lobo, MD <input type="radio"/> Rishi Patel, MD <input type="radio"/> Heather Shah, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling
<b>HUNTSVILLE (CRESTWOOD)</b> <b>One Hospital DR, STE 400</b> <input type="radio"/> Paul Dang, MD <input type="radio"/> Jorge Diaz, MD <input type="radio"/> Benjamin Miriovsky, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>(RUSSEL HILL)</b> <b>3601 CCI DR NW</b> <input type="radio"/> Sri Bathini, MD <input type="radio"/> Diego Bedoya, MD <input type="radio"/> Paul Dang, MD <input type="radio"/> Jorge Diaz, MD <input type="radio"/> Ehab El-Bahesh, MD <input type="radio"/> Ali B. Hachem, MD	<input type="radio"/> Sarah Hashimi, MD <input type="radio"/> Kanth Katragadda, MD <input type="radio"/> Brian Mathews, MD <input type="radio"/> Philip McGee, MD <input type="radio"/> Benjamin Miriovsky, MD <input type="radio"/> John R Nicholson, MD	<b>JASPER</b> <b>3500 HWY 78 E, STE A</b> <input type="radio"/> Rosa M. Ortega, MD <input type="radio"/> Daniel Schreeder, MD <input type="radio"/> Marshall Schreeder, MD <input type="radio"/> Wes Smith, DO <input type="radio"/> John Waples, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling <input type="radio"/> Michael Garcia, MD <input type="radio"/> Amy Stubbs, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling
<b>MADISON</b> <b>12090 County Line RD, STE B</b> <input type="radio"/> Ehab El-Bahesh, MD <input type="radio"/> Genetic Counseling	<b>SCOTTSBORO</b> <b>380 Woods Cove RD</b> <input type="radio"/> Paul Dang, MD <input type="radio"/> John R. Nicholson, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>FLORENCE</b> <b>180 Cox Creek PKWY</b> <input type="radio"/> Heather Brody, MD <input type="radio"/> Daniel Kingsley, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling	<b>MUSCLE SHOALS</b> <b>101 Blake DR</b> <input type="radio"/> Heather Brody, MD <input type="radio"/> Daniel Kingsley, MD <input type="radio"/> First Available <input type="radio"/> Genetic Counseling

Referral Date: \_\_\_ / \_\_\_ / \_\_\_

Referring Physician's Full Name: \_\_\_\_\_

NPI #: \_\_\_\_\_ Office #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Patient Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_  MALE  FEMALE SSN: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is Language Assistance Required? \_\_\_\_\_ Primary Language: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Referral/Diagnosis: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does Insurance Require a Referral?  YES  NO If yes, please send with referral.

To be completed by CCI - APPT Date: \_\_\_ / \_\_\_ / \_\_\_

APPT Time: \_\_\_\_\_  AM  PM