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Please complete the following form and fax it back to the above fax # for the division you are requesting an appointment. When using our fax scheduling service, please fax copies of any radiology reports and medical records pertaining to the referral request and a list of medications the patient is currently taking, so that we may better assist your patient. MUST HAVE FRONT AND BACK COPY OF INSURANCE CARD(S)

* Clinic Name _____

Patient Information						
First Name		Middle Initial		Last Name		Birth Date
Address		City		State	ZIP	Age
Home Phone ()		Work Phone ()		Cell Phone ()		Social Security #
Primary Insurance Company		Insurance ID#		Group ID#		Employer Name
Insurance Address		Policy Holder Name		Date of Birth of Policy Holder		Is authorization for referral required?
						Patient Email Address
Referring Physician Information						
First Name		Middle Initial		Last Name		Practice Phone ()
Staff Contact	Address			NPI#	Practice Fax ()	
Primary Complaint						
Briefly describe primary complaint						
Studies and location of radiographic films <i>(please send films with the patient and fax copies of reports with this form if possible)</i>						
Has Patient seen a Pain or Spine Specialist before? Whom:						
Workers Compensation Claims Cases Please Complete This Section						
Patient's Current Employer			Employer's Address			
Workers Compensation Carrier's Name			Name of Adjuster			Adjuster's Phone ()
Workers Compensation Carrier's Address					Adjuster's Fax ()	
Date of Injury		Claim Number		Adjuster's Email		
State in Which Injury Occurred		Body Part(s) Affected				
Nurse Case Manager's Name				Nurse Case Manager's Phone ()		Nurse Case Manager's Fax ()
Nurse Case Manager's Street		City		State	ZIP	Nurse Case Manager's Email

NewSouth NeuroSpine LLC
2470 Flowood Drive ♦ Flowood ♦ Mississippi 39232
www.ns2.md ♦ 877-554-4257



Instructions

1. If your appointment **was not** scheduled before you left your referring doctor's office, you should expect to receive a telephone call within the next 48 hours from one of our staff to assist you in making an appointment. If you haven't been contacted within 48 hours and no appointment is listed on the front side, please call the number on the front side for the doctor's office.
2. If you have any special needs, such as a hearing problem, please contact our staff in advance of your appointment so that we might be better able to prepare for your visit;
3. If you are unable to attend your appointment time, please call our office at least 24 hours in advance to reschedule.
4. If you are a new patient to our practice, please arrive about 15 minutes before your scheduled appointment time in order to have time to complete our new patient intake forms:
5. When you come to your appointment:
 - Please **bring** your insurance card or either proof of insurance and your driver's license;
 - If you are unsure about your insurance policy limitations or authorization requirements, please contact your referring physician's office or call one of our claims specialists before arriving for your appointment.
 - If you are coming concerning a **Workers compensation** claim, please be sure that either you or your employer have already spoken to the policy claims adjuster;
 - **Automobile accident:** we only accept **PATIENT'S** auto insurance before their health insurance is filed. If the information is not received then you will be responsible to pay for services in full the day of the appointment. We **do not** file 3rd party Insurance Claims.
 - Please bring any **X-ray, MRI or CT films** and their reports related to your primary complaint(s). Please bring the actual radiograph films, not just the written report;
6. **Please bring a list of your current medications.**

Division of Surgery

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