



PATIENT REFERRAL FORM

Holland Office: 7100 Orchard Center Drive Holland, Ohio 43528

Bowling Green Office: 735 Haskins Road, Suite G Bowling Green, Ohio 43402

Phone (419) 866-2000

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www.MidwestVascular.net

Patient Name: _____ DOB: _____
Patient Phone: _____ SS#: _____ Sex: _____
Insurance Plan: _____ Policy #: _____
Referring Physician: _____ Physician Phone: _____ FAX: _____

DIAGNOSIS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Claudication (440.21) | <input type="checkbox"/> Peripheral Artery Disease (443.9) | <input type="checkbox"/> Raynauds (443.0) |
| <input type="checkbox"/> Rest Pain (440.22) | <input type="checkbox"/> Renal-Vascular Disease (440.1) | <input type="checkbox"/> Lymphedema (457.1) |
| <input type="checkbox"/> Ulceration Extremity (440.23) | <input type="checkbox"/> Pain in Limb (729.9) | <input type="checkbox"/> TIA/Stroke (435.9_ |
| <input type="checkbox"/> Gangrene Extremity (440.24) | <input type="checkbox"/> Swelling in Limb (729.81) | <input type="checkbox"/> Syncope (780.2) |
| <input type="checkbox"/> Bruit (785.9) | <input type="checkbox"/> Weak Pulse (785.9) | <input type="checkbox"/> Varicose Veins (454.8) |
| <input type="checkbox"/> Carotid Stenosis (443.1) | <input type="checkbox"/> Subclavian Stenosis (442.82) | <input type="checkbox"/> Venous Ulcer (454.0) |
| <input type="checkbox"/> Carotid Dissection (443.21) | <input type="checkbox"/> Aortic Aneurysm (441.4) | <input type="checkbox"/> Spider Veins (448.1) |
| <input type="checkbox"/> Venous Insufficiency (459.81) | <input type="checkbox"/> Acute DVT (453.41) | <input type="checkbox"/> Chronic DVT (451.19) |
| <input type="checkbox"/> Phlebitis (451.0) | <input type="checkbox"/> Aortic Dissection (441.02) | <input type="checkbox"/> Renal Disease (585.6) |
| <input type="checkbox"/> Family History CV Disease (V17.4) | <input type="checkbox"/> Tobacco Abuse (305.1) | <input type="checkbox"/> Diabetes, PAD Screen |
| <input type="checkbox"/> Aneurysm Disease | <input type="checkbox"/> OTHER _____ | |
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PREVIOUS TESTS:

Test: _____ Date: _____
Test: _____ Date: _____

ADDITIONAL COMMENTS:

*PLEASE FAX RECENT MEDICAL RECORDS AND STUDY RESULTS FOR CONSULTATIONS.

*PLEASE SEE ATTACHED LIST FOR OUR CURRENTLY ACCEPTED INSURANCE PLANS.



We are currently accepting the following insurance plans:

AARP
Advantage by Buckeye (Medicare)
Aetna
Aetna Better Health of Ohio
Anthem Blue Cross and Blue Shield
Buckeye Community Health Plan (Medicaid)
CareSource
Cigna
Front Path
Humana
Medicaid-Ohio
Medical Mutual
Medicare Part B
Medicare Part B-Railroad Medicare
Medicare of Ohio
Mutual Health Services
Ohio Health Choice
Ohio PPO Connect
Paramount Advantage
Paramount Healthcare
Tricare for Life
Tricare Standard (North)
UMR
United Healthcare
United Healthcare Community Plan
United Healthcare River Valley

We apologize, but at this time we are NOT accepting Anthem Medicare Advantage.

Please call our office if you have any questions.

Thank You!