

FAX THIS REFERRAL FORM TO: 270.228.0120

PAIN EVALUATION & TREATMENT:

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PATIENT INFORMATION:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M: ☐ F: ☐  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY INSURANCE PLAN:

PAYER: \_\_\_\_\_ PLAN: \_\_\_\_\_ POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_  
POLICY HOLDER NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
RELATIONSHIP TO PATIENT: \_\_\_\_\_ POLICY HOLDER DOB: \_\_\_\_\_

REFERRING OFFICE:

NAME OF PROVIDER: \_\_\_\_\_ NAME OF REFERRING COORDINATOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ PROVIDER NPI: \_\_\_\_\_

Please attach a copy of patient's demographics, include pertinent clinic notes and imaging records with a legible copy of all insurance cards.

We accept all major medical insurance plans including Medicare and Workers' Compensation. We will contact the patient to schedule an appointment.

Please call our Scheduling Staff at 270.228.0119 with any questions.  
Additional referral forms can be downloaded at [www.PaducahElitePain.com](http://www.PaducahElitePain.com).

☎ 270.228.0118

📠 270.228.0120

📍 4645 Village Square Drive, Suite C  
Paducah, KY 42001

🌐 [PaducahElitePain.com](http://PaducahElitePain.com)

✉ [info@paducahelitepain.com](mailto:info@paducahelitepain.com)