



**MADISON SPEECH**

103 Intercom Drive, Suite C  
 Madison, AL 35758  
 P: 256-464-9464  
 F: 256-325-9469

**ATHENS SPEECH**

1802 US Highway 72 E Suite E  
 Athens, AL 35611  
 P: 256-464-9464

**PHYSICIAN REFERRAL FORM**

Date of Referral: \_\_\_\_\_ Preferred Location: **MADISON / ATHENS**  
 Patient's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ **MALE / FEMALE**  
 Address: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Phone # for contact: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**PRIMARY** insurance:

**BCBS**      **Tricare (Prime/Standard/Select)**      **United Healthcare**

**Medicaid**      **Private Pay/Other:** \_\_\_\_\_

Insured's name: \_\_\_\_\_ Insured's DOB: \_\_\_/\_\_\_/\_\_\_\_

Policy #: \_\_\_\_\_

**SECONDARY** insurance:      **N/A**

**BCBS**      **Tricare (Prime/Standard/Select)**      **United Healthcare**

**Medicaid**      **Other:** \_\_\_\_\_

Insured's name: \_\_\_\_\_ Insured's DOB: \_\_\_/\_\_\_/\_\_\_\_

Policy #: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**EVALUATE**       **TREAT**

Referred by / Physician: \_\_\_\_\_

Physician's Phone: \_(256)\_\_\_\_\_ Physician's Fax: \_(256)\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**\*PLEASE FAX ALL REFERRALS TO (256)325-9469**