

# MCAM REFERRAL FORM



Date: \_\_\_\_\_

- Please email completed form to referrals@msadvancedmedicine.com or fax to (601) 812-6401
- Include: Demographics, last clinic note, current/previous medications, pertinent lab and radiology studies, and any other pertinent studies and/or medical information (if recent hospital discharge, please note under "Diagnosis/Reason for Referral")
- Please send a copy of the patient's insurance card (both sides)
- For help referring a patient, please call (601) 499-0935

## Referral Request (circle all that apply)

<b>Allergy &amp; Immunology</b> pediatric and adult	<b>Pediatric Endocrinology</b> up to age 19	<b>Pediatric Rheumatology</b> up to age 19
<b>Infusion Center</b> pediatric and adult	<b>Pediatric Hematology</b> up to age 26	<b>Pediatric Speech Pathology<sup>II</sup></b>
<b>Pediatric Audiology</b> up to age 19	<b>Pediatric Metabolic Medicine<sup>I</sup></b> up to age 19	<b>Plastic Surgery</b> pediatric and adult
<b>Fetal Cardiology</b> Please include EDD: _____	<b>Pediatric Mental Health Therapy</b> age 6 up to age 19	
<b>Pediatric Cardiology &amp; Hypertension</b> up to age 26	<b>Pediatric Pulmonology &amp; Sleep</b> up to age 26	

<sup>I</sup> For abnormal weight gain and/or insulin resistance referrals, please fill out metabolic form

<sup>II</sup> Please provide Certificate of Medical Necessity (CMN) for patients with Medicaid

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Guarantor/Parent: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Insurance: \_\_\_\_\_ Member ID: \_\_\_\_\_ Subscriber: \_\_\_\_\_

## REFERRING PROVIDER INFORMATION

Referring Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Records included (please circle):      yes      no

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Madison, MS 39110  
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Fax: (601) 499-0936

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