St. Mary's Medical Center
Center for Pain Relief
2900 First Avenue
Huntington, WV 25702
(304) 525-7246 or 304-526-8382
FAX (304) 526-1951

New Patient Referral/Consult

***** Medical Records including office notes, MRI's, radiology reports and copy of insurance card must be faxed back with this completed referral BEFORE scheduling the appointment for the time of the initial visit. This form must be completely filled out. The office will send the patients appointment time along with patient information thru the mail to the patient*****

Patients previously treated at other pain facilities , will require review of their records by our physician before scheduled appointments can be made. It is the referring physician responsibility to check with the patient regarding being seen at another pain facility.

Date:____________ Requesting Physician:___________________ UPIN#______NPI#___________

Address____

Office Phone#______________________ Fax #____

Is this the result of an auto accident? Yes_________________ No____________________

***NOTE* This office does not bill auto insurance companies for auto accident cases. The patient will be CONSIDERED private pay and IS responsible for seeking reimbursement from the insurance company. Please notify the patient of the office policy prior to the appointment.**

Patients Name_____________________________D.O.B_______________SS#____-___-_____
Last First MI

Address____

Home phone # ____________________ Cell # ________________ Work # ________________

Reason for Consult____

Urgent appointment available for the following: Uncontrolled cancer pain, zoster(shingles), RSD, post-herpetic neuralgia, trigeminal neuralgia. Yes_________ No _____________

Insurance Information_____________________ ID/Group # _________________________

If WV Medicaid, please provide the referring physician's Medicaid provider # ______________

NOTE* If patients insurance requires a referral or prior authorization, we must have the referral number or authorization # and/or copy of such prior to being scheduled for first appointment(Workers comp, Carelink, Aetna, Cigna,CHA) **This line cannot be left blank.** If no referral or auth # is required, you must indicate **NOT REQUIRED** on the authorization line.

For Workers Compensation Cases, please provide:

W/C DOI:_______________________ Claim# _____________________________________

W/C ALLOWED DX:____

AUTHORIZATION #_____________________ VALID DATES:________________________

CASE MANAGER(name/phone #)____

Dr. Caraway does NOT participate with KY Medicaid and Unicare Medicaid/SMMC does NOT participate with Carelink Medicaid.