



The Brooklyn  
Hospital Center

*Keeping Brooklyn Healthy*

# PATIENT REFERRAL REQUEST

Please Fax completed form to **718.650.8913**

Preferred Community Providers call 833.824.2669 & press 7

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient's Insurance \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

NPI#: \_\_\_\_\_

Referral Authorization#: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## SPECIALITIES: Please check the appropriate box below

- |                                                 |                                                         |                                                      |
|-------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Hand Surgery                   | <input type="checkbox"/> Pediatrics                  |
| <input type="checkbox"/> Bariatric Surgery      | <input type="checkbox"/> Hematology/Oncology            | <input type="checkbox"/> Physical Medical Rehab (PT) |
| <input type="checkbox"/> Breast Surgery         | <input type="checkbox"/> Infectious Diseases            | <input type="checkbox"/> Plastic Surgery             |
| <input type="checkbox"/> Cardiology             | <input type="checkbox"/> Internal Medicine              | <input type="checkbox"/> Podiatry                    |
| <input type="checkbox"/> Colorectal Surgery     | <input type="checkbox"/> Interventional Radiology       | <input type="checkbox"/> Pulmonology                 |
| <input type="checkbox"/> Dentistry              | <input type="checkbox"/> Maternal Fetal Medicine        | <input type="checkbox"/> Radiology                   |
| <input type="checkbox"/> Dermatology            | <input type="checkbox"/> Nephrology                     | <input type="checkbox"/> Reconstructive Surgery      |
| <input type="checkbox"/> Detox and Addiction    | <input type="checkbox"/> Neurology                      | <input type="checkbox"/> Rheumatology                |
| <input type="checkbox"/> Ears, Nose & Throat    | <input type="checkbox"/> Nuclear Medicine               | <input type="checkbox"/> Robotic Surgery             |
| <input type="checkbox"/> Endocrinology          | <input type="checkbox"/> Nutrition                      | <input type="checkbox"/> Sports Medicine             |
| <input type="checkbox"/> Family Medicine        | <input type="checkbox"/> Oral and Maxillofacial Surgery | <input type="checkbox"/> Urology                     |
| <input type="checkbox"/> Gastroenterology       | <input type="checkbox"/> Orthopedics                    | <input type="checkbox"/> Vascular Surgery            |
| <input type="checkbox"/> General Surgery        | <input type="checkbox"/> Pain Management                | <input type="checkbox"/> Women's Health              |
| <input type="checkbox"/> Geriatrics             | <input type="checkbox"/> Pediatric Cardiology           | (OB-GYN & Prenatal)                                  |

Other \_\_\_\_\_ Specific Doctor \_\_\_\_\_

## NOTES

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## ACCEPTED INSURANCES

Aetna| Affinity Health Plan| Amidacare| BlueCross BlueShield| CIGNA| Dentaquest |Emblem Health| Empire BlueCross BlueShield| Empire Healthplus| Fidelis Care| GHI |Great West Healthcare| Guardian| Healthcare Partners| Healthfirst| Healthplex| Dental| HIP| Hospice of New York| Humana| MagnaCare| Medicaid| Medicare |MultiPlan| Naphcare| National Benefit Fund (Local 1199) | Oscar Exchange| Oxford| Private Healthcare Systems (PHCS) |Tricare| United Healthcare| United Healthcare Community Plan (formerly Americhoice) | VNS| Wellcare|

**NPI: 1326046467**

**121 Dekalb Ave, Brooklyn, NY 11201**

**www.tbh.org**

**Phone: 833.TBHC.NOW**