

Riverside Podiatry, Dr. Robert Hope D.P.M.

NPI 1942307970

535 Jack Warner Pkwy Suite A1, Tuscaloosa, Al 35404

Phone: (205) 633-3606 Fax: (205) 633-3696 Email: riverside3606@gmail.com

Patient Referral Form (NOT A MEDICAID PROVIDER)

Please complete the information below and fax back with the requested information listed

Date Referral Form Faxed: _____

Patient Name: _____ DOB: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Patient's Primary Phone: _____ Secondary: _____

Reason for Consult/Referral _____

Referring Physician: _____ NPI: _____

Physician Office #: _____ Fax #: _____

Referral Form Completed By: _____

Please fax all of the following:

*** Completed referral form**

*** Insurance Referral / Insurance Authorization (if applicable)**

*** Patient Demographics**

*** Primary Insurance Card & Secondary Insurance Card (if pt has secondary ins)**

*** ONLY SEND – last office notes, last labs, last radiology & imaging report**

*** Appointment will not be made if insurance referral or authorization is required and not received by the referring physician's office.**