



Wayne Heart & Internal Medicine Associates, P.A.
Wayne Rheumatology and Musculoskeletal Medicine



2704 Medical Office Place
 Goldsboro, NC 27534

Phone: 919-736-4724 Fax: 919-736-1677

Referral Form

Please circle the office where you would like to refer the Patient to:

2704 Medical Office Place
 Goldsboro, NC 27534

1384 US Hwy 13 S.
 Goldsboro, NC 27530

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____

SSN: _____

Primary Phone: _____ Alternate Phone: _____

Insurance: _____ Policy Number: _____ Group # _____

Tricare: Sponsor Name/DOB: _____ ID Number: _____

Medicaid: Yes/ No CA # _____ Number of visits authorized _____

HMO Plan: (UHC Compass) Yes/NO Auth #: _____

Please send photo copy of insurance card along with this referral

Referring Physician: _____ NPI # _____

Facility Name: _____

Facility Address: _____

Phone: _____ *Fax: _____

Reason for Referral: _____

Specialty/Physician patient is being referred to: _____

Contact person for appointment information: _____ Phone: _____

Note: Please fax demographics, insurance cards, office notes, labs, and studies relevant to the appointment along with the referral form to 919-736-1677. Our office will contact the referring physician's office with an appointment date and time. IF THE PATIENT NEEDS AN AUTHORIZATION FOR AN OFFICE VISIT, **PLEASE OBTAIN THE AUTHORIZATION PRIOR TO SCHEDULING AN APPOINTMENT. Failure to do so may result in delayed scheduling.**

Appointment Date: _____

Appointment Time: _____

Physician: _____

The information contained on this facsimile is privileged, confidential and intended for the sole use of the addressee. If you received this fax in error, please immediately notify the sender listed above and shred this facsimile.

Referrals without records and insurance cards will not be scheduled.