



David Newman, M.D. - 1408 Currier Lane Knoxville, TN 37919-8821- Office: (865)692-4141 Fax: (865)692-1224

Physician/Provider Referral Form

Please fill out this form and fax it along with patient Demographics, Insurance Card(s), and Recent Visit Note. Please inform your patient that the first visit is always a consultation. Thank you!

Referring Physician/Provider Information

Physician/Provider Name: _____

Contact Person: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

NPI Number: _____ Type of Physician: _____

Patient Information

Patient's Name: _____ Gender: _____

Date of Birth: _____ Patients Phone: _____ Cell: _____

Patient's Diagnosis: _____

Patient's Primary Insurance: _____ Network: _____

Two No Call No Shows will Terminate this Referral!

****Please provide demographics, insurance card as well as medical notes & Imaging Reports****

In-Network: AmeriGroup, Blue Cross Blue Shield Network P & V, Blue Advantage LPPO, BlueCare—Secondary ONLY, Cigna Open Access Plus and PPO, Community Health Alliance, Medicare, Medicaid and United Healthcare (all products).

Out-of-Network Approved Provider: TriCare & TriWest

*****Humana Must Have a Pre-Cert (Approval) for all Referrals*** Per Humana – Use Code 99204**

OUT-of-NETWORK: Aetna, Blue Cross Network E or S, Bluecare – Primary, Cigna Healthspring, Cigna Local Plus, Humana or Humana Gold, Well Care & Windsor Health