



newpatientcoordinator@clearwaypain.com (Preferred Method of Communication)

Phone Numbers (850) 484-4080 ext. 2506

Fax Numbers: (877) 377-9315 (Dr. Boerjan and Dr. Renfroe) · (850) 484-8113 (Pain Management)

NEW PATIENT REFERRAL SUBMISSION FORM

PROVIDERS

- First Available Option
- Jeff Buchalter, MD
- David Fairleigh, MD
- Mark Larkins, MD
- R. Ken Garrett, MD
- Susan Griffee, MD
- Kacey Montgomery, MD
- Varun Rimmalapudi, MD
- Jason Capra, MD
- Bryan Boerjan, DC
- Mark Renfroe, DC
- Kendra Keyes Metcalfe, PT, DPT

LOCATIONS

- Marketplace (Main Office)
- Andrews Institute
- Andalusia
- Atmore Hospital
- BMP – Navarre
- Brewton Hospital
- Fort Walton Beach
- Pace
- First Available Option

PLEASE INCLUDE

- Office Notes
- Radiology Reports
- Previous Pain Management Records (if applicable)
- Copy of Authorization
- Copy of Insurance Card
- Copy of Driver's License

HELP INFORMATION

- Referrals are valid for 90 days
- It is the policy of our office to make 3 attempts to contact before suspending efforts
- Providing all requested information at time of submission greatly reduces wait time
- All referrals are contacted within 3 business days
- New Patient Paperwork is available at www.clearwaypain.com

Date: _____

Referring Doctor: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

Patient Information

Name: _____

DOB: _____ SSN: _____ Gender M F

Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail: _____

Address: _____

Diagnosis Code and Description: _____

If WC/MVA: _____

DOI/DOA: _____ Adjuster Name: _____

Adjuster Phone: (_____) _____

Insurance Information

Carrier: _____ PPO HMO

Subscriber Number: _____ Group Number: _____

Is patient on narcotics and you would like Clearway to take over prescribing? Yes No

If yes, please answer the following:

1. What was the diagnosis for which the patient is taking narcotics? _____

2. Has patient been medically compliant with this medication utilization? Yes No

If no, explain: _____

3. Are there any reasons we should be concerned about taking over medication? Yes No

If yes, explain: _____