PREMIER PAIN TREATMENT INSTITUTE

Office: 513-454-PAIN (7246)
Fax: 513-438-0202
Website: www.PremierPainTreatment.com

3611 Socialville-Foster Road, Suite 101, Mason OH 45040
1001 West Main Street, Williamsburg, OH 45176

Referral Form

Please fax this referral to 513-438-0202. We will contact your patient to schedule an appointment. Your office will receive notification of the appointment date.

Referral Date: _____

Patient Name: _____ Phone No.: _____

Patient DOB: _____ Alternate No.: _____

Address: _____

Referring Provider: _____ Referring Phone No.: _____

Primary Care Provider: _____ Referring Fax No.: _____

Primary Insurance and ID: _____

Secondary Insurance and ID: _____

Location Requested: ☐ Mason ☐ Williamsburg

Reason for Referral (Primary Pain Issue): _____

Type of Service Requested (Check One):

☐ Evaluate and Treat ☐ Procedure. Type: _____

☐ Urgent Appointment Request. Reason: _____

Prior authorization/pre-certification required? If so, authorization number: _____

Please submit the following information with the referral (if available):

- Demographics sheet
- Copy of insurance card or BWC information
- Recent office notes and procedure notes
- Most recent medication list
- All available imaging reports

Office Use Only:
Patient Contacted: _____ Appt. Time: _____ Referring Provider Contacted: _____ Insurance Verified: _____