CENTRAL VALLEY NEUROLOGY
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Main Office Hours: MON - THURS 9AM - 630PM (PST)
Main Phone : (209) 521-0767
Main Fax : (209) 521-5204

For Medical Records Requests:
Medical Records Fax: (209) 653-0280

2026 NEW PATIENT REFERRAL FORM | CENTRAL VALLEY NEUROLOGY

→ **1) PLEASE FILL OUT FORM & INCLUDE:** ☐ Clinical Notes ☐ Insurance Cards ☐ Auth

→ **2) INCLUDE THIS COVER SHEET ON TOP, AND FAX REFERRAL TO: (209) 521-5204.**

Type of Appointments Requested: ☐ Consult ☐ EEG ☐ EMG/NCS ☐ EMG/NCS & Consult

*CPT CODES NEEDED FOR PRIOR-AUTHS [**OFFICE:** *99203, 99204, 99205 / 99213, 99214, 99215*] [**EEG:** *95816, 95819*] [**EMG/NCS:** *95886 (x2), 95909, and 95910]*

Insurance Prior Auth Required? ☐ Y ☐ N / Authorization #: _____

Patient Information:	**Priority:** ☐ Routine ☐ Medically Urgent
Name *(First, Middle, Last)* Sex: ☐ Male ☐Female	**If Medically Urgent**, please describe:
Date of Birth	Diagnosis/ICD 10**
Phone #	*Chief Complaint:*
Address	
City Zip Code State	
Interpreter Needed? Yes ☐ No ☐ Preferred Language:	

Insurance Information *(Please Include Insurance Cards)*

Primary: _____ ID#: _____ // Secondary: _____ ID#: _____

Worker's Comp? ☐ **Y** ☐ **N** / **Claims or Auth #:** _____ **Date of Incident:** ____/____/____

If YES, enter Social Security # _____ / _____ / _____ => SS # is required for all W-COMP / TRI WEST / CCN / VA

Claims Adjuster Name: _____ Contact Info: _____

*Referring Provider Info — *Please include current Fax to receive Visit Notes*

Referring Provider Name			
Practice Name			
Office Address			City
State	ZIP Code		NPI Number
Phone	Fax	Provider Specialty	