MIDMICHIGAN GASTROENTEROLOGY ASSOCIATES

Dr Mamoon Elbedawi
Julia Briggs AGNP-C, Hannah Fleishman AGNP-C and Amy Henson AGNP-C

6240 Rashelle Dr #204
Flint, MI 48507
FLINT: P: 810-733-6300 F: 810-733-6344

Mid-Michigan Gastroenterology Associates- Referral Form

Date of Referral:	
Referring to Provider: ☐ Mamoon Elbedawi, MD	
Please Schedule: ☐ Urgent ☐ Routine	
Referring Provider/Phone/Fax:	
Best Office Contact:	

- ☐ Medical Consultation: (evaluate & advise with recommendations & send back to PCP)
- ☐ Procedural/Diagnostic Test: (specialist to confirm need & perform procedure if necessary)
- ☐ Co-management: (I prefer to share the care for the referred condition (PCP lead, first call)
- ☐ Co-management: (please assume principal care for the referred condition
- ☐ Specialist to Specialist: Secondary Referral0 Send copy of this referral to PCP
- ☐ Other: (designate)

Patient Name:		
DOB:	**Address:**	**City/Zip:**
Phone:	**Insurance:**	**ID#:**
Authorization Needed: ☐ Yes ☐ No	**Copy of Card Provided (front/back):** ☐ Yes ☐ No	
REASON FOR REFERRAL:		

Required Documentation for patient to be scheduled:

- Most recent progress notes
- Global Authorization for Blue Care Network/Authorization
- Recent labs/imaging/procedures

Is the patient aware the referral has been sent? ☐ Yes ☐ No

NOTICE: If your referring office does not send a copy of the patient's insurance card, progress notes, labs/imaging, or reason for referral, it may delay your patient's appointment from being scheduled. Most insurances require a referral to be on hand for the service to be covered; some insurance require authorization- without this information, we are unable to obtain authorization on your patients behalf. Please contact our office with any questions.