

# REFERRAL FORM

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Member ID: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

Referring Provider Phone: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ankle/Foot Fracture  | <input type="checkbox"/> Plantar Fasciitis |   |
| <input type="checkbox"/> Hammer Toe Deformity | <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Warts              |
| <input type="checkbox"/> Ingrown Toenail      | <input type="checkbox"/> Wound Care        | <input type="checkbox"/> Flat Feet          |
| <input type="checkbox"/> Bunion Deformity     | <input type="checkbox"/> Onychomycosis     | <input type="checkbox"/> Achilles Tear/Pain |
| <input type="checkbox"/> Ankle Sprain         | <input type="checkbox"/> Cavus Feet        | <input type="checkbox"/> Other _____        |

Additional notes: \_\_\_\_\_

Please instruct patient to call  
Murfreesboro- 615-801-8999  
McMinnville- 931-507-FOOT (3668)  
Franklin- 615-996-2050  
to schedule an appointment.

**We accept the following insurance plans + more:**

Aetna, Ambetter, Amerigroup Community Care, Ascension Care Management, BCBS TN Network S or P, BCBS TN Bluecare, Cigna Healthcare, Healthspring, Humana, Humana Military—Tricare East, Medicare TN, Oscar, Primehealth, TennCare, United Healthcare Community Plan,



Murfreesboro— 1725 Medical Center Pkwy Suite 130 Murfreesboro TN 37129 Phone 615-801-8999 Fax-615-801-8998

McMinnville- 1428 Sparta Street, Suite 4, McMinnville TN 37110 Phone: 931-507-3668 Fax: 931.-507-6144

Franklin—600 Church Street Franklin TN 37064 Phone— 615-996-2050 Fax 615-996-2049

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