



Robert Smith D.O.    Jobinson Thomas M.D.    Patrick Chua M.D.    Arjun Sekar M.D.    Prem Chandran M.D.

**411 Laurel Street Suite 2350. Des Moines, Iowa 50314  
9080 University Avenue. West Des Moines, Iowa 50266**

## New Patient Referral Form

Please complete this form. Fax information to our schedulers at **515-280-4701**. Please include **insurance card(s), current medication list, last six months of office notes, last six months of lab results and any other test results**. Associates In Kidney Care will contact the patient with an appointment date and time once we have received the requested information.

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M or F

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI #: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of your Request: \_\_\_\_\_ Reason for Referral: \_\_\_\_\_

Patient's Insurance: \_\_\_\_\_ Prior Authorization Needed: Yes or No

If Yes please list the authorization # \_\_\_\_\_

Patient will be scheduled in our Des Moines or West Des Moines office unless specified below:

<i>Centerville</i>	<i>Corydon</i>	<i>Creston</i>	<i>Grinnell</i>	<i>Mt Ayr</i>
<i>Newton</i>	<i>Oskaloosa</i>	<i>Ottumwa</i>	<i>Perry</i>	

\*\*\*Please Note: Satellite offices are ONLY visited once per month\*\*\*\*

### **For AIKC Use ONLY**

Patient scheduled with:

Dr. Smith      Dr. Thomas      Dr. Chua      Dr. Sekar      Dr. Chandran

Date: \_\_\_\_\_ Time: \_\_\_\_\_