Physician Referral Form

Main Campus - 1560 Turf Lane
East Lansing, MI 48823
South Campus – 1100 S. Cedar Street
Mason, MI 48854
Phone 517-484-3000
Fax 517-492-0386

Thank you for the referral of your patient!

☐ **ASAP REFERRAL – Patient will be scheduled with first available provider in 1 week.**

Today's Date: _____

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Insurance (PLEASE SEND A COPY OF CARDS): _____

Effective immediately our office will no longer be participating with any Medicaid insurance plans. If your patient has this as a primary or secondary insurance we will not be able to bill Medicaid for services but will be happy to see the patient as self-pay.

If an authorization is required, please include that with the request form

Referring Physician: _____ Contact Person: _____
Address: _____ City: _____ State: ____ Zip: _____
Private Line: _____ Fax: _____

Referring Diagnosis (PLEASE BE SPECIFIC):	**PLEASE INCLUDE PERTINENT RECORDS, SUCH AS:** • Labs • Ultrasound reports • Office notes

LOCATION:	☐ **East Lansing – Main Campus**	**Mason – South Campus**

Physician or Nurse Practitioner Preference:

Obstetrics/Gynecology		Urogynecology
☐ Erica Leigh Behring, M.D.	☐ Abby Brown, CNM, NP	☐ Todd Moyerbrailean, DO
☐ Sara Cramton, MD	☐ Nicole Jamieson, RN, NP	Gynecology
☐ Stephanie Fleming, MD	☐ Jamie Karek, CNM	☐ Maude Guerin, MD
☐ Melissa Halvorson, MD	☐ Laura Kelly, RN, NP	☐ Sharon Kelley, MD
☐ Kevin London, MD	☐ Lauren Rink-Deleon, CNM	
☐ Renee Stevens, DO	☐ Sameerah Shareef, CNM	
☐ Elizabeth Thomas, MD	☐ Diane Strachan, RN, NP	
☐ LaKeeya Tucker, DO	☐ Stacey Tanay, RN, NP	
☐ Lena Weinman-Greenberg, DO	☐ Jennifer Thomas, RN, NP	
	☐ Jodi Williamsen, CNM	
	☐ No Preference	

Please Note: Your patient will receive a packet of information that must be filled out and brought to the appointment. If the patient arrives late or without completed paperwork the appointment will be rescheduled. Thank you for the referral. Please call our office if you have any questions.

PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE

Revised 9.11.18 amc