

Project Access Sample Patient Referral

Phone: 301-628-3430; Fax: 301-608-9047

Email: specialtycare@primarycarecoalition.org

OFFICE VISIT CO-PAY: \$30.00 per visit

PROCEDURE VISIT CO-PAY: \$40.00 per visit

Referral valid ONLY for the appointment date on this referral: 07/01/2021

Patient must call Project Access at 301-628-3430 for a new referral before the next appointment

Please fax or email lab, imaging, pre-op or other orders to Project Access

A. PATIENT INFORMATION

Simpson, Homer, K
555 Sligo Ave
Gaithersburg, 20899
Home: (301) 555-5555

CHL ID: 94192

DATE PRINTED: 07/01/2021

Date of Birth: 11/27/1980

Gender: Male

Primary Language:

Mobile:

B. SPECIALIST APPOINTMENT

Specialist: PA Specialist
Specialty: Specialty Care
Appt Date: 07/01/2021
Appt Time: 9:00AM

NAME of PRACTICE

Project Access Specialist
8757 Georgia Ave, 10th Floor
Silver Spring, MD 20910
Phone:(301) 774-2525 Fax:(301) 774-4245

C. REFERRING PROVIDER INFORMATION:

Clinic: Primary Care Clinic
8757 Georgia Ave Silver Spring, MD 20910
Phone: (301) 628-3430 **Fax:** (301) 608-9047
Provider: Dr. Specialist

D. REFERRAL INFORMATION:

Valid only for the appointment on: 07/01/2021

Date Referral Requested: 2021-07-01

Referring Provider: PCP

Specialty Requested: Specialist

Service Requested: Evaluate

Referral Reason: Illness

Brief History: Abnormal labs

Provider Signature: **ON FILE** Provider nor clinic is responsible for charges incurred in the course of patient's care.
Patient Signature: **ON FILE** I, patient of Montgomery Cares, authorize the release of records pertaining to my care.
Please fax invoices to (301-576-6942). Thank you

Project Access Program Contact Information

Project Access Main Number for Appointments & Referrals

301-628-3430 | Fax: 301-608-9047

Main Email

SpecialtyCare@primarycarecoalition.org

Program Director

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Clinical Coordinator

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Billing

India Ball

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