

UROLOGY REFERRAL FORM

Mailing Address:

UAB DEPARTMENT OF UROLOGY

2000 6th Avenue South

Birmingham, AL 35233

Phone: 205-996-8765 • Fax: 205-801-7551

Please select a urologist from the next page and send the required new patient information and imaging scans (along with this form) to the fax number listed above.

Today's Date: _____ / _____ / _____ UAB Urologist Requested: _____

If a urologist isn't specified, your referral will be sent to one of the physicians on our rotation list.

Check here if you prefer the first available appointment with either a doctor (MD) or advanced practice provider (APP).

Diagnosis/Reason for Referral (NOT CODES): _____

ALL NEW PATIENT REFERRALS REQUIRE A COPY OF THE PATIENT'S INSURANCE CARD AND PHOTO ID.

Patient's Full Name: _____ **Gender:** _____

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email Address: _____

Insurance: 1st: _____ Group #: _____ Contract #: _____

2nd: _____ Group #: _____ Contract #: _____

Referring Physician: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office Contact: _____

Workers' compensation contact at employer (if applicable):

Contact: _____ Phone: _____

FedEx or UPS overnight methods are recommended for sending CDs of images or materials that cannot be uploaded electronically. When possible, please use shipping options with tracking, to help ensure timely service.

Medicaid, Veterans Affairs, Cooper Green, VIVA Medicare Plus, CIGNA, Champus Tricare, Humana Military, and Humana Gold Medicare require a letter of prior authorization before an appointment can be scheduled. UAB Urology is out of network for Secure Horizons, Cigna-HealthSpring, UHC, and Medicare Complete insurance plans. A gap exception referral letter must be obtained by the referring physician before an appointment can be scheduled.

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UROLOGY

SURGEON (SELECT ONE) OR <input type="checkbox"/> FIRST AVAILABLE	SPECIALTY	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<input type="checkbox"/> Adam Baumgarten, MD	<ul style="list-style-type: none"> Trauma and reconstructive urology and prosthetic urology 	<ul style="list-style-type: none"> Pertinent clinic notes Lab results Prior operative reports All imaging with reports
<input type="checkbox"/> James Bryant, MD	<ul style="list-style-type: none"> General urology 	
<input type="checkbox"/> Joseph Crivelli, MD	<ul style="list-style-type: none"> Urologic stone disease 	
<input type="checkbox"/> Peter Kolettis, MD	<ul style="list-style-type: none"> General urology and male infertility 	
<input type="checkbox"/> Tracy Wilson, MD	<ul style="list-style-type: none"> Female Pelvic Medicine and Reconstructive Surgery and Neurourology Disorders 	
<input type="checkbox"/> Kyle Wood, MD	<ul style="list-style-type: none"> Urologic stone disease 	
ADVANCED PRACTICE PROVIDERS		
<input type="checkbox"/> Elizabeth Blount, CRNP	<ul style="list-style-type: none"> General urology and urologic stone disease 	
<input type="checkbox"/> Morgan Burke, CRNP	<ul style="list-style-type: none"> Trauma and reconstructive urology and prosthetic urology 	
<input type="checkbox"/> April Crunk, PA	<ul style="list-style-type: none"> Urologic oncology 	
<input type="checkbox"/> Ashley Donahue, CRNP	<ul style="list-style-type: none"> Trauma and reconstructive urology and prosthetic urology 	
<input type="checkbox"/> Doreen Perkins, CRNP	<ul style="list-style-type: none"> General urology 	

If referring for urologic oncology, please use the urology oncology referral form [click here](#).