

UROLOGY ONCOLOGY REFERRAL FORM

Mailing Address:

UROLOGY ONCOLOGY, UAB MEDICINE

1720 2nd Avenue South FOT 1107

Birmingham, AL 35294-3411

Attn: Urology Oncology

Phone: (205) 934-8051 • Fax: (205) 975-4235

Please select a urologist from the following pages and submit the required new patient information and imaging (along with this form) to the fax number.

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

If a urologist isn't specified, your referral will be routed via our physician sub-specialty rotation list.

Check here if you prefer the first available appointment with either an MD or 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: _____ Work: _____ Cell: _____

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

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

Referring Physician: _____ **NPI#:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office Contact: _____

Worker's Compensation providing company information (if applicable):

Contact: _____ Phone: _____

Address: _____

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, so that we can ensure timely service. Use the upload link listed above for immediate image transfer.

Our physicians see patients at:

The Kirklin Clinic of UAB Hospital – 2000 6th Avenue South • Urology 5th Floor • Birmingham, AL 35233

AL Medicaid, VA, 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. A gap exception referral letter must be obtained by the referring physician before an appointment can be scheduled.



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SURGEON (SELECT ONE) OR <input type="checkbox"/> FIRST AVAILABLE	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<input type="checkbox"/> JAMES E. FERGUSON, MD	<ul style="list-style-type: none"> • Bladder cancer • Renal cancer • Prostate cancer • Testicular cancer • Penile cancer 	<ul style="list-style-type: none"> • Pertinent clinic notes • All images with reports (CT, MRI, PET, CXR, NMBS) • Operative reports with final pathology reports • Lab results (all PSA results if applicable)
<input type="checkbox"/> JEFFREY NIX, MD	<ul style="list-style-type: none"> • Bladder cancer • Prostate cancer • Renal cancer • Testicular cancer • Penile cancer 	
<input type="checkbox"/> CHARLES PEYTON, MD	<ul style="list-style-type: none"> • Bladder cancer • Testicular cancer • Renal cancer • Prostate cancer • Penile cancer 	
<input type="checkbox"/> SOROUSH RAIS-BAHRAMI, MD	<ul style="list-style-type: none"> • Prostate cancer • Renal cancer • Bladder cancer • Testicular cancer • Penile cancer 	
<input type="checkbox"/> SUNIL SUDARSHAN, MD	<ul style="list-style-type: none"> • Renal cancer • Prostate cancer • Bladder cancer • Testicular cancer • Penile cancer 	

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