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 311 N Clyde Morris Blvd, Ste 100
 Daytona Beach, FL 32114
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PEDIATRIC CARDIOLOGY REFERRAL FORM

✓ Provider NPI: 1699874248
 ✓ Provider Tax ID: 591680273
 ✓ Facility Tax ID: 591943502
 Procedure Codes: New Patient: 99243,
 Echo: 93306, EKG: 93010, Tracing for EKG: 93005.

CHC Ocala, FL
 1500 SE 17th Street, Bldg 600
 Ocala, FL 34471
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 1657 Trinity Drive
 Pensacola, FL 32504
Phone: (850) 416-1385
Fax: (850) 416-1386
www.chc.med.ufl.edu

Date: _____

Patient Name (Last): _____ (First): _____ (MI): _____

Male or Female: _____ Date of Birth: _____ SS # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Parent/Guardian: (Last, First) _____ **Relationship to Patient:** _____

Guarantor Name (If different than above): _____ **Date of Birth:** _____

Insurance Co: _____ Phone: _____

Policy #: _____ Group #: _____

Insured Name: (Last, First) _____ **Insured DOB:** _____

Auth: # _____ UHC Referral Online Submission # (if applicable) _____

Referring MD: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

PCP (If different than the Referring MD): _____ Phone: _____

Diagnosis/Reason for referral: _____

