UNITY FIRST WELLNESS

Khalanis Kure Inc., doing business as Unity First Wellness
1718 Belmont Avenue, Suite D, Windsor Mill, MD 21244
Phone 240.898.2243 | Secure Fax [SECURE FAX: ENTER]
care@unityfirstwellness.com | unityfirstwellness.com
Unity First Primary Care • Unity First MindCare • Unity First Wellness & Prevention

GENERAL MEDICAL SPECIALTY REFERRAL

Referral for specialty consultation, evaluation, or co-management from Unity First Wellness

* Required field. Fields without an asterisk are optional or complete when applicable. Do not include Social Security numbers.

SECTION A PATIENT DEMOGRAPHICS

Full Legal Name (Last, First, Middle) *	Preferred Name	Date of Birth (MM/DD/YYYY) *	Medical Record Number *

Street Address, City, State, ZIP *	Primary Telephone *	Email

Preferred Language *	Sex Assigned at Birth / Gender Identity (as documented)	Parent or Legal Guardian (if applicable) and Phone

Interpreter Required * ☐ Yes ☐ No

SECTION B INSURANCE INFORMATION AND PAYER REQUIREMENTS *Completed by staff from verified payer sources*

Primary Insurance Carrier *	Plan / Product *	Member ID *	Group Number

Maryland Medicaid MCO (if applicable)	Secondary Insurance and Member ID	Assigned PCP and PCP NPI (if required)

Insurance Referral Required * ☐ Yes ☐ No ☐ Unknown

Insurance Referral Number	Referral Effective Dates	Specialist In Network?

Prior Authorization Required * ☐ Yes ☐ No ☐ Unknown

Authorization Status * ☐ Not required ☐ Not yet requested ☐ Submitted, pending ☐ Approved ☐ Denied ☐ Receiving provider obtaining

Authorization Number (approved only)	Authorized Visits or Units	Authorization Effective Dates	Verified By / Verification Date *

A completed referral form is not an insurance referral or a prior authorization. Record an authorization number only after the payer has issued an approval. Requirements vary by payer, plan, service, and receiving provider.

SECTION C RECEIVING SPECIALIST

Specialty Requested *

☐ Orthopedics	☐ Gastroenterology	☐ Obstetrics and Gynecology
☐ Rheumatology	☐ Dermatology	☐ Pain Management
☐ Endocrinology	☐ Nephrology	☐ Physical Medicine and Rehabilitation
☐ Cardiology	☐ Pulmonology	☐ General Surgery
☐ Neurology	☐ Urology	☐ Other specialty:

Receiving Provider or Practice *	Phone *	Secure Fax *	Individual or Organization NPI (if needed)

Address *	Appointment Date and Time (if scheduled)

SECTION D CLINICAL REFERRAL *Include only information reasonably necessary for this referral*

Diagnosis *	ICD-10-CM Code *	Status
		☐ Primary ☐ Secondary

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		☐ Primary ☐ Secondary
		☐ Primary ☐ Secondary

Reason for Referral *

Specific Clinical Question for the Specialist *

Current Symptoms (patient reported) *	**Symptom Duration** *

Relevant History

Pertinent Examination Findings (clinician documented) *

Relevant Laboratory or Imaging Findings (with dates)

Previous Treatments and Response

Current Relevant Medications *	**Pertinent Allergies (or NKDA)** *

SECTION E REFERRAL PRIORITY

Priority *	☐ Routine ☐ Expedited ☐ Urgent

Clinical Reason for Expedited or Urgent Priority *Required when Expedited or Urgent is selected*

Emergencies: Emergency symptoms (for example chest pain, stroke symptoms, severe shortness of breath, or acute neurological change) require immediate emergency evaluation by calling 911 or directing the patient to the nearest emergency department. Do not route emergencies through referral processing.

SECTION F REQUESTED SERVICES

☐ Specialist consultation ☐ Ongoing specialty management ☐ Other service:

☐ Diagnostic evaluation ☐ Procedure evaluation

☐ Treatment recommendations ☐ Second opinion

Records Attached	☐ Visit note ☐ Labs ☐ Imaging report ☐ Medication list ☐ Insurance card ☐ Other:

SECTION G REFERRING CLINICIAN

Clinician Name and Credentials *	**Individual NPI** *	**Organization NPI (if required)**	**Maryland Medicaid Provider ID (if required)**
Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC			
Practice *	**Phone** *	**Secure Fax** *	**Secure Email or Direct Address**
Unity First Wellness	240.898.2243		

Referring Clinician Signature *	**Date (MM/DD/YYYY)** *	**Printed Name and Credentials** *
		Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC

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Request to the receiving specialist: Please send consultation findings, test results, and treatment recommendations to Unity First Wellness by secure fax or secure electronic exchange so we can coordinate the patient's ongoing care. Thank you for partnering in this patient's care.

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