

LAL BHAGCHANDANI M D P A

Referral Policy

The purpose of this note is to inform you of our office policy regarding referrals. You, as the patient, will need to contact your primary care physician for all referrals required for your appointment.

For your convenience we will accept faxed referrals. Please feel free to contact our office prior to arriving for your appointment, to verify if the referral has been received.

If you do not have a valid referral upon arrival to your appointment, we will have to reschedule your appointment until you are able to obtain a valid referral for your office visit. We are unable to call for your referral when you get here for your appointment, so please ensure to request it ahead of time.

Please note that all HMO insurances require a referral or authorization which has to be requested from your primary care physician ahead of time prior to your appointment. We, as a specialist, are unable to request referrals for patients to be seen. It is patient's responsibility.

Our office will only obtain referrals if there is a procedure that is ordered by Dr. Lal Bhagchandani, such as sleep study or pulmonary function test.

I, _____, have read and understand the above policy.
(Please Print)

Signature

Date