SIDNEY HEALTH CENTER
Exceptional Care for Life

Sidney Health Center Patient Procedure Referral

Submit either this form or the demographics page along with provider's signed orders to
Fax # (406)488-3908 care of: SHC Outpatient Care Coordinator

Referring Provider: _____   Provider Office Phn #:_____

Referring Facility:_____

Patient Name:_____   Patient Phn #:_____

Patient Billing Address:_____

                    City:_____ ST:_____ Zip:_____

Patient Primary Insurance Provider:_____

Grp #:_____   ID#:_____

Patient Secondary Insurance Provider:_____

Grp #:_____   ID#:_____

Patient height: ____ft _____ in   Patient weight:_____lbs

Is the patient mobile without assistance?: ____Y _____N

Requested procedure(s): _____

_____

CPT Code for requested procedure(s):_____   Associated ICD 10 codes: _____

                                              _____   _____

                                              _____   _____

Medical Necessity Reason for requested procedure(s) {will be utilized for attempting to receive a prior authorization through patient's insurance if deemed required upon review of referral}:

_____
_____
_____
_____

Please send this referral form along with the referring provider's orders to (406)488-3908 Attention: Outpatient Care Coordinator. Your office maybe contacted by Sidney Health Center's Outpatient Care Coordinator or Prior Authorization Specialist if any data is missing, full medical history notes are required by the patient's insurance provider, or the prior authorization is denied by the patient's insurance provider. Failure to respond to these attempts to contact your office may result in a delay of scheduling the requested procedure or refusal to perform requested procedure by Sidney Health Center. If you have question call the Outpatient Care Coordinator at (406)488-2195.