

# UROLOGY ONCOLOGY REFERRAL FORM

Mailing Address:

**UROLOGY ONCOLOGY, UAB MEDICINE**

1720 2nd Avenue South FOT 1107

Birmingham, AL 35233

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 or address provided. Please upload images via: \*\*\*insert html here\*\*\*\***

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.

**UAB MEDICINE**

# UROLOGY ONCOLOGY REFERRAL FORM

## UROLOGY ONCOLOGY

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