# Referral to Dr. Subroto Kundu, East TN Neurology LLC

Referral From: _____NPI:_____MD/NP/PA/DO

Patient Name: _____ DOB: _____ Social: _____

☐ Consultation & Treatment ☐ Other: _____

☐EEG ☐EMG/NCV Upper Extremities ☐ EMG/NCV Lower Extremities

☐ Cleveland Office
3555 Keith Street, Suite 211
Cleveland, TN 37312
Phone: 423-790-1529
Fax: 423-536-9938

☐ Chattanooga Office
1720 Gunbarrel Road, Suite 306
Chattanooga, TN 37421-3192
Phone: 423-790-1529
Fax: 423-536-9938

Patient Phones: _____ Alternate: _____M ☐ F ☐

Pt Address: _____

Insurance**: _____ ID:_____ Group: _____

Worker's Compensation Patient? YES ☐ NO☐

Insurance PCP Referral Required (Y/N): _____No. of Visits Allowed: _____

Ins. Auth No.: _____Start Date: _____End Date: _____

Policyholder: ☐Patient ☐ Other, please complete below for primary insured

Policyholder Name, Social and DOB: _____

Diagnosis or Reason Referred: _____

Today's DATE: _____ Your Name:_____

Referring Clinic: _____ Phone: _____ Fax: _____

Practice Address: _____

** For WORKERS-COMP patients please have adjuster contact office for Acceptance Contract

Special Instructions to Us ➔

PLEASE FAX PATIENT INFO, INSUARANCE CARD & PROGRESS NOTES

WE ACCEPT MOST INSURANCES including Tncare, Bluecare, UHC, Ambetter and Wellpoint