



GULF COAST
PAIN INSTITUTE

"RELIEVING PAIN, RESTORING FUNCTION, RENEWING HOPE"

NEWPATIENTCOORDINATOR@THEGCPI.COM
(Preferred Method of Communication)

DIRECT PHONE NUMBERS
ASHLEY (850) 912-4260 • **CHRISTI** (850)439-5420
TIFFANY (850) 439-5421 • **TAKITA** (850) 439-5423

FAX NUMBERS
FAX: (877)377-9315 (*Dr. Boerjan and Dr. Renfroe*)
FAX: (850)484-8113 (*Pain Management*)

NEW PATIENT REFERRAL SUBMISSION FORM

PROVIDERS

- First Available Option*
- Jeff Buchalter, MD
- David Fairleigh, MD
- Mark Larkins, MD
- R. Ken Garrett, MD
- Susan Griffee, MD
- Kacey Montgomery, MD
- Varun Rimmalapudi, MD
- Jason Capra, MD
- Bryan Boerjan, DC
- Mark Renfroe, DC
- Kendra Keyes Metcalfe, PT, DPT

LOCATIONS

- MARKETPLACE (*MAIN OFFICE*)
- ANDREWS INSTITUTE
- ATMORE HOSPITAL
- BMP – NAVARRE
- BRENT LANE – MVA CENTER
- BREWTON HOSPITAL
- FORT WALTON BEACH
- JAY HOSPITAL
- PACE
- First Available Option*

PLEASE INCLUDE

- Office Notes
- Radiology Reports
- Previous Pain Management Records (*if applicable*)
- Copy of Authorization
- Copy of Insurance Card
- Copy of Driver's License

HELP INFORMATION

- Referrals are valid for 90 days
- It is the policy of our office to make 3 attempts to contact before suspending efforts
- Providing all requested information at time of submission greatly reduces wait time
- All referrals are contacted within 3 business days
- New Patient Paperwork is available at www.TheGCPI.com

DATE: _____

REFERRING DR: _____

PHONE: (_____) _____ FAX: (_____) _____

E-MAIL: _____

PATIENT INFORMATION

NAME: _____

DOB: _____ SSN: _____ GENDER M F

PHONE: (_____) _____ ALT PHONE: (_____) _____

E-MAIL: _____

ADDRESS: _____

DIAGNOSIS CODE and DESCRIPTION: _____

IF WC/MVA

DOI/DOA: _____ ADJUSTER NAME: _____

ADJUSTER PHONE: (_____) _____

INSURANCE INFORMATION

CARRIER: _____ PPO HMO

SUBSCRIBER NUMBER: _____ GROUP NUMBER: _____

IS PATIENT IS ON NARCOTICS AND YOU WOULD LIKE GCPI TO TAKE OVER PRESCRIBING? YES NO
IF YES, PLEASE ANSWER THE FOLLOWING:

1. WHAT WAS THE DIAGNOSIS FOR WHICH THE PATIENT IS TAKING THE NARCOTICS? _____

2. HAS PATIENT BEEN MEDICALLY COMPLIANT WITH THIS MEDICATION UTILIZATION? YES NO

IF NO, EXPLAIN: _____

2. ARE THERE ANY REASONS WE SHOULD BE CONCERNED ABOUT TAKING OVER MEDICATIONS?

YES NO IF YES, EXPLAIN: _____