PEACE OF MIND, INC.

817 West Front Street
P.O. Box 2088
Lillington, NC 27546

Phone: (910) 814-2197
Fax: (910) 814-2167
www.peace-of-mind-inc.com

REFERRAL FORM

Date:_____

Patient's Name: _____

Parent or Legal Guardian's Name: _____

E-mail Address : _____

Home/Cell/Work Phone #: _____ Cell Carrier # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS#_____

Insurance Company: _____

Insurance Company Phone #: _____

Policy # or ID: _____ Policy Group #: _____

Policy Holder's Name: _____SS#_____

Policy Holder's Address: _____

Policy Holder's Phone #: _____ Policy Holder's DOB: _____

Policy Holder's Employer: _____

Medical Provider's Name /Signature:_____

Provider Telephone/Fax Number/E-mail: _____

Carolina Access Primary Care/NPI Provider Number: _____

Presenting Problem/Reason for Referral: _____

_____

Please fax completed referral forms along with HIPAA compliant cover page to:

(910) 814-2167

OFFICE USE ONLY:
Insurance Authorization:_____

01/2022