

SPRINGFIELD NEPHROLOGY
& ASSOCIATES, INC.

www.springfieldnephrology.com

Update 5/5/16

Dr. Stephen Garcia
Dr. David Sommerfeld
Dr. Susan Woody
Dr. Ethan Hoerschgen
Dr. Giselle Kohler

New Patient Referral Form

(All areas must be completed to process)

Patient Name: _____

DOB _____ SS# _____ Male or Female _____

Ethnicity: (please circle) Caucasian African American Other: _____

Address _____ City _____ ST _____ Zip _____

Phone # _____ Cell/Work # _____ Email _____

Insurance _____ Policy # _____

Group # _____ Insurance Precertification # _____

Referral Diagnosis (reason for referral must be completed to process) _____

***Most** new Patient appointments must be seen at the Springfield office for the first visit unless notified with availability.
Our outlying clinics are for follow up visits but are not guaranteed. We offer clinics on a first come first serve basis for follow up appointments

PREFERRED OFFICE IF AVAILABLE? CIRCLE ONE; SPRINGFIELD BOLIVAR LEBANON
WEST PLAINS MTN GROVE AURORA

Must be completed

Ref Physician _____ NPI # _____

***** Please list Doctor only, no Nurse Practitioners/Physicians Assistants/Mid-level can be used to refer a New Patient*****

Contact Person @ referring Dr. office _____ Phone # _____

Ref Dr. Phone # _____ Fax # _____

Patient's PCP (if different) _____

Please note: All areas must be complete including contact person information.
All records must accompany New Patient Referral Form to expedite scheduling.
Please fax to (417)886-4725.

We will schedule the patient as soon as possible; we will fax you the appointment date and time.

Thank you, if you have any questions please contact us at (417)886-5000.

Springfield Nephrology office use only:

Appt Date: _____ Time: _____ Dr. _____

Location: _____ Acct #: _____ Notified: _____