NEURO NOW

Pain Management & Neurology

3911 SW 67th Avenue, Miami, FL 33155
Phone: (305) 985-7650 | Fax: (855) 999-9207 | Neuro-Now.net

FAX REFERRALS TO:
(855) 999-9207
Workers' Compensation Referral Form

CLAIMANT INFORMATION

Last Name		First Name	Date of Birth (MM/DD/YYYY)
Date of Injury	Claim Number	SSN (last 4)	Gender
Home Address		City	ZIP
Claimant Phone		Preferred Language	

CARRIER / THIRD-PARTY ADMINISTRATOR

Carrier / TPA Name	Network (e.g. Careworks, Prime Health Services)
Authorization Number	Authorization Expiration Date

ADJUSTER INFORMATION

Adjuster Name	Phone	Fax
Adjuster Email	Adjuster Company / TPA Office	

CASE MANAGER INFORMATION (if applicable)

Case Manager Name	Phone	Fax
Case Manager Email	Agency / Company	

REFERRAL DETAILS

Referring Physician / Provider	Specialty	Referral Date
Primary Diagnosis / ICD-10 Code(s)	Body Part(s) Affected	

Reason for Referral / Clinical Notes

Urgency: ☐ Routine (within 48 hrs) ☐ Urgent (same day / next day) ☐ One-Time Change of Physician

IMPORTANT: We are unable to accept one-time change referrals for chronic opioid medication management. Authorization must be confirmed prior to the first appointment. Questions? Call (305) 985-7650.