



NOVA
SPINE AND PAIN CARE
RELIEVE PAIN. LIVE YOUR LIFE

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Canton Office

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Canton, GA 30114



Alpharetta Office

3905 Brookside Parkway, Suite 203
Alpharetta, GA 30022



Lawrenceville Office

(Mondays and Thursdays Only)
600 Professional Drive, Suite 170
Lawrenceville, GA 30046

REFERRAL FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone Number: _____ Insurance: _____

Address: _____

CLINICAL INFORMATION

Diagnosis: _____

Treatment Recommendation (if applicable): _____

ACCEPTED INSURANCES

Medicare / Medicare Advantage

- ☐ Medicare
- ☐ BCBS MCR Replacement plans – out of network as of 1/1/27
- ☐ AARP Medicare Complete – now includes new HMO plans requiring PCP referral/authorization
- ☐ Aetna Medicare
- ☐ Cigna Medicare Advantage
- ☐ Devoted Health – out of network but they have OON benefits with a \$30-\$45 copay
- ☐ Humana Medicare Advantage – now includes new HMO plans requiring PCP referral/authorization

Commercial Insurance / Marketplace

- ☐ Aetna
- ☐ BCBS Commercial HMO & PPO (excluding Pathways HMO)
- ☐ Beech Street
- ☐ Cigna
- ☐ First Health – out of network. Must use OON benefits if available
- ☐ Health Partners (through Cigna)
- ☐ Multiplan
- ☐ PHCS
- ☐ Prime Health PPO
- ☐ Three Rivers PPO
- ☐ United Healthcare
- ☐ United Medical Resources (UMR)

Note: Please include a copy of the patient's insurance card with the referral.
Additional plans may be accepted. Please contact our office for the most up-to-date information.



PLEASE INCLUDE THE FOLLOWING WITH YOUR REFERRAL:

1. **Imaging report** (relevant to pain we are to treat). If none please indicate "no imaging."
(The imaging reports are the most important part to develop a plan of care)
2. Last 3 office notes

REFERRING PROVIDER INFORMATION

Referring Provider Name: _____

Referring Provider Signature: _____ Date: _____

Referring Provider's Phone and Fax: _____ Fax: _____



Please send to:
Fax: 833-464-3390



Email:
info@novaspineandpain.com

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