UF | Congenital Heart Center
UNIVERSITY of FLORIDA

☐ **CHC Gainesville, FL**
Medical Plaza, 2nd Floor
1600 SW Archer Road
Gainesville, FL 32610
Telephone: (352) 273-7770
Fax: (352) 392-0547
www.chc.med.ufl.edu

PEDIATRIC CARDIOLOGY REFERRAL FORM

- ✓ Provider NPI: 1699874248
- ✓ Provider Tax ID: 591680273
- ✓ Facility Tax ID: 591943502

Procedure Codes: New Patient: 99243,
Echo: 93306, EKG: 93010, Tracing for EKG: 93005.

☐ **CHC Halifax, FL**
311 N Clyde Morris Blvd, Ste 100
Daytona Beach, FL 32114
Telephone: (352) 273-7770
Fax: (352) 392-0547
www.chc.med.ufl.edu

☐ **CHC OCALA, FL**
1500 SE 17th Street, Bldg 600
Ocala, FL 34471
Telephone: (352) 273-7770
Fax: (352) 392-0547
www.chc.med.ufl.edu

Date: _____

Patient Name (Last): _____ (First): _____ (MI): _____

Male or Female: _____ Date of Birth: _____ SS # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Alternate Phone: (_____)_____

Parent/Guardian: (Last, First) _____ Relationship to Patient: _____

Guarantor Name (If different than above): _____ Date of Birth: _____

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Insurance Co: _____ Phone: _____

Policy #: _____ Group #: _____

Insured Name: (Last, First) _____ **Insured DOB**: _____

Auth: # _____ UHC Referral Online Submission # (if applicable) _____

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Referring MD: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Fax: (_____)_____

PCP (If different than the Referring MD): _____ Phone: _____

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Diagnosis/Reason for referral: _____

_____

_____