



80 Jesse Hill Jr Drive SE  
Atlanta, Georgia 30303

REFERRAL REQUEST FORM  
ATTN: Grady Health System  
PHONE: (404) 616-1000  
FAX: (404) 489-6103

## General Outpatient Referral Form

### Referring Facility Information:

Referring Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ NPI: \_\_\_\_\_

### Patient Information:

Male  Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ Guarantor DOB: \_\_\_\_\_

Guarantor Same as Subscriber?  Yes  No Guarantor Relationship: \_\_\_\_\_

### Insurance Information:

Insurance Plan Name: \_\_\_\_\_ Medical Group#: \_\_\_\_\_

Insurance Phone#: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber Relationship: \_\_\_\_\_

### Refer to Information:

Facility Name: GRADY HEALTH SYSTEM Specialty Clinic: \_\_\_\_\_

Diagnosis/ICD9/ICD 10: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Attention: All outside referrals for Grady Health System Center should be faxed to (404) 489-6103. All referrals should be signed by referring medical provider. Grady will accept referrals signed by LICENSED NURSE PRACTITIONERS AND OUT THE STATE MEDICAL PROVIDERS. Referrals will be processed between 3-5 business days. All patients should call (404) 616-1000 to schedule after the processing time.