



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.