



Porters Neck Counseling

8044 Market Street, Suite D Wilmington, NC 28411 Phone: 910.686.3505 Fax: 1.866.941.4943

Fax Referral Form

Fax completed form to 1.866.941.4943

Provider requesting referral: _____ Phone: _____ Fax: _____
Office Contact (Receptionist/Nurse): _____ Date of Next Office Visit _____
Suspected Psychiatric Diagnosis/Reason for Referral: _____

Significant Medical Issues: _____

Patient: _____ DOB: _____ Phone: (H) _____ (W or C) _____

Address: _____

Patient Contact (if applicable): _____ Phone: (H) _____ (W or C) _____

Primary Insurance: _____ Subscriber ID# _____ Group # _____

Preauthorization #: 1-800 _____ - _____

Secondary Insurance: _____ Subscriber ID# _____ Group# _____

Preauthorization #: 1-800 _____ - _____

Signature: _____

Date: _____

THANK YOU FOR THE REFERRAL!!