

FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE

PATIENT NAME: _____

Referring Physician: _____

Address: _____

Phone: _____

NPI: _____
(For office use only)

As of May 23, 2007 per HIPAA and Government regulations, patients are required to disclose referring physician's name, address, and phone number for billing purposes. Failure to do so will result in insurance claims being denied for payment. The patients will then be responsible for payment.

Please do NOT list a clinic name such as NAS Jax Clinic or North Florida OB/GYN.

If you have any questions regarding this matter please contact our Billing Department at (904) 399-5775.