

Arizona EMG

Quality Care You Can Trust

EMG/NCV - TESTING REFERRAL FORM

For scheduling: You can call (480)256-9201 | Fax: 480-452-1901 | Email: arizonaemg@gmail.com

Referral Source (Facility Name): _____

Referral Coordinator: _____ Date: _____

FAX and/or EMAIL (To send appt letter and report): _____

Dr. Name: _____ Dr. Phone: _____

Patient Name: _____ Date of Birth: _____

Diagnosis (es): _____

EMG/NCV Report

CPT 95907-95913, 95886-95887, 99358, 95923, 95937, WC007 - Codes and units TBD by testing Dr. at time of exam

RIGHT LEFT BILATERAL OTHER _____

UPPER EXTREMITY LOWER EXTREMITY (Please Check one below)

- | | | |
|--------------------------------|---|---|
| <input type="radio"/> Medicare | <input type="radio"/> AARP Supp | <input type="radio"/> Arizona Complete Health |
| <input type="radio"/> AHCCCS | <input type="radio"/> RR Medicare | <input type="radio"/> Wellcare by Allwell |
| <input type="radio"/> Aetna | <input type="radio"/> UFC (Banner) | <input type="radio"/> Ambetter |
| <input type="radio"/> Cigna | <input type="radio"/> AIHP | <input type="radio"/> Alignment Health |
| <input type="radio"/> BCBS AZ | <input type="radio"/> Banner Health Network | <input type="radio"/> PPO |
| <input type="radio"/> UHC | <input type="radio"/> Work Comp | <input type="radio"/> HMO |
| <input type="radio"/> Humana | <input type="radio"/> PI | <input type="radio"/> Cash |

Follow-up Appointment Date: _____

Patient phone: _____

Comments: _____

M.D. Signature _____ Date: _____

THANK YOU FOR YOUR REFERRALS!