



SOUTHERN INDIANA EYE ASSOCIATES

Judy Englert, M.D.

200 Saint Charles Street Jasper, Indiana 47546

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REFERRAL FORM

We only accept Medical Plans or Self Pay. We do not accept vision insurance.

Form with fields: Patient Name, DOB, Reason for Referral, Diagnosis, Occupation, Employer, Phone, Address, Street, City, State ZIP, Primary Phone, Cell Phone, Do they accept text messages?, Referring Physician Name, Phone, Fax, Most Recent Eye Exam, Contact Person.

Private or Commercial Insurance Company

Form with columns: Primary, Secondary, Other. Fields include Carrier, Policy Holder, Group #, Plan #, Specialist Copay, Member ID, Medicare ID, Supplement Name, Plan, Medicaid.

All referrals must include office visit notes, reason for the referral, demographics sheet, copy of Insurance cards & ID. Fax this information and any pertinent information to our office at 812-634-9701.

Our office will make attempts to reach out to the patient, however, you can advise the patient to call our office after 3 business days to get status of appointment.

Appointment Scheduled: \_\_\_\_\_

VISIT SOUTHERNINDIANAEEYE.COM FOR NEW PATIENT PAPERWORK