PERFORMANCE
Orthopaedics & Sports Medicine

Stephanie S. Martin, M.D.

Atlanta: 3280 Howell Mill Rd NW, Ste 205 Atlanta, GA 30327 ● **Duluth:** 1580 Boggs Road, Ste 700, Duluth, GA 30096

REFERRAL FORM

Date:_____

Patient Information

Name: _____ **DOB**: _____

Address: _____

Phone:_____ **Cell:**_____

Referring Physician:_____

Referring Physician Phone:_____ **Fax#:** _____

Appointment Location: Atlanta Lawrenceville

Treating Body Part: Arm Ankle/Foot Back/Scoliosis Hand/Wrist Elbow Hip Knee Neck Shoulder

Side: Bilateral Left Right

Health Insurance: PPO POS HMO MEDICAID **(Kids only)** **Is a referral required?** Yes or No

Insurance Carrier:_____ **Policy #:** _____

Special Instructions:_____

_____

Please Fax:

1. Insurance Card
2. Patient Demographics
3. Any applicable medical records, including MRI copies
4. Or Email: manager@performanceatl.com

Please fax this referral form back to us at:

404-935-9832

List of Participating Insurances
PPO, POS Open Access and HMO Open Access Plans

Aetna, Amerigroup, Blue Cross Blue Shield, Cigna, Coventry, Humana, Medicaid (Kids only), Multiplan PPO/POS, Peach State (Orange Card), PHCS PPO, United Healthcare, Workers Compensation

****DOUBLE CHECK WITH YOUR INS CARRIERS FOR PARTICIPATION****

visit our website www.performanceatl.com