



Stephanie S. Martin, M.D.

Atlanta: 3280 Howell Mill Rd NW, Ste 205 Atlanta, GA 30327 • **Lawrenceville:** 631 Professional Dr., Ste 170, Lawrenceville, GA 30046
• **Decatur:** 1452 Church Street, Decatur, Ga 30030

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 **Is a referral required?** Yes or No
(Kids only)

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

Special Instructions: _____

Please Fax:

1. Insurance Card
2. Patient Demographics
3. Any applicable medical records, including MRI copies
4. Or Email: mdeleon@performanceatl.com & 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), MultiplanPPO/POS, Peach State (Orange Card), PHCS PPO, United Healthcare, WellCare, Workers Compensation

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

visit our website www.performanceatl.com