

# KIDNEY AND HYPERTENSION CARE CENTER, PA

1213 Hermann Dr., Suite 460, Houston, Texas 77004 •Tel: (713) 520-6222 •Fax: (713) 520-6223  
Monday – Friday: 8:00 am to 5:00 pm, For after hours support dial our office phone number  
Email: ggarza@kidneyspecialist.org

## NEW PATIENT REFERRAL FORM

### PATIENT INFORMATION

\*Patient Last Name \_\_\_\_\_

\*Patient First Name \_\_\_\_\_ Patient M.I. \_\_\_\_\_

\*Patient Contact Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_  
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
(xxx-xxx-xxxx)

\*Date of Birth \_\_\_\_\_ \*Social Security No \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
\*Address  
\_\_\_\_\_  
City State Zip Code Phone Number

\*Patient Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Patient Labs \_\_\_\_\_

\*Primary Insurance \_\_\_\_\_,  
Primary Insurance company Name Insurance type, PPO, HMO, Medicare, Medicaid

\_\_\_\_\_, \_\_\_\_\_  
\*Group Number \*Member ID Number

\*Primary Insurance Contact Numbers

Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

\*Secondary Insurance \_\_\_\_\_, \_\_\_\_\_  
Secondary Insurance company Name Insurance type, PPO, HMO, Medicare, Medicaid

\_\_\_\_\_, \_\_\_\_\_  
\*Group Number \*Member ID Number

\*Secondary Insurance Contact Numbers

Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

**If insurance is under someone other than the patient**

\_\_\_\_\_  
\*Policyholder Name (Last, First, Middle)

\_\_\_\_\_, \_\_\_\_\_  
\*Group Number \*Member ID Number

\*Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ \*Social Security No \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
\*Address

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
City State Zip Code Phone Number

\*Relationship to patient \_\_\_\_\_, \*Employer Name \_\_\_\_\_

\*Required Fields

**FAX COMPLETED FORM TO (713) 520-6223 or  
Email scanned copy of form to: ggarza@kidneyspecialist.org**

FOR OFFICE USE ONLY

DR # \_\_\_\_\_, Office \_\_\_\_\_

DR \_\_\_\_\_, Appt Date \_\_\_\_\_, Appt Time \_\_\_\_\_

Follow-up Appointment Date \_\_\_\_\_, Appt Time \_\_\_\_\_