St. Croix Regional Family Health Center
136 Mill Street, Princeton, ME 04668
PH: 207-796-5503
FAX: 207-796-5528
www.scrfhc.org

Chiropractor/Acupuncture Referral Form

*Please **fax** the completed form along with the following to (207) 796-5528:*

- ☐ *Patient Demographics*
- ☐ *Pertinent Office Notes*
- ☐ *Copy of Health Insurance Card(s)*
- ☐ *Complete Medication List*
- ☐ *Imaging Results*
- ☐ *Managed Care Insurance Referral*

Referring Physician:		Phone #:		Fax#
Primary Care Provider:		Phone#:		Fax#:
Patient Name:		DOB:		SSN:
Address:		City/State:		Zip:
Home Phone #:	Work Phone #:		Cell Phone #:	
Primary Diagnosis/Complaint:			Acute ☐	Chronic ☐
Please Circle:	Work-Related	Auto Accident	Liability	None
Has there ever been a claim filed for this diagnosis?		Yes	No	
If yes, please circle:	Open Active Claim	Settled	Contested	Denied
WC/MVA Carrier Name:				
Carrier Address:				
Claim #:		DOI:		
Adjuster Name:		Phone #:		Fax#:
Primary Health Insurance:				Policy #:
Group #:	Subscriber Name:		Subscriber DOB:	
Subscriber SSN:		Relationship to Patient:		
Secondary Health Insurance:				Policy #:
Group #:	Subscriber Name:		Subscriber DOB:	
Subscriber SSN:		Relationship to Patient:		
Insurance Authorization #:			Number of Visits:	
If this is a worker's comp claim, we must have written authorization from the adjuster via fax before an appointment will be scheduled.				
Appt Date:			**Time:**	