



Routine EEG Patient Referral Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_
Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance (please attach copy of patient's insurance card):

Primary: \_\_\_\_\_ ID #: \_\_\_\_\_
Secondary: \_\_\_\_\_ ID #: \_\_\_\_\_

- SELECT ONE
[ ] 95816 20-40 minutes Routine EEG
[ ] 95812 41-60 minutes Routine EEG
[ ] 95813 Greater than 1 hour Routine EEG
[ ] EEG ordered with Professional Report
[ ] EEG ordered with Technical Comp. ONLY

Indications supporting study ICD-10: (pertinent physical and psychiatric findings) NO Alternate Codes Can Be Excepted

- [ ] F44.4 Conversion disorder with motor symptom or deficit
[ ] F44.6 Conversion disorder with sensory symptom or deficit
[ ] G40.101 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
[ ] G40.109 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
[ ] G40.111 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, intractable, with status epilepticus
[ ] G40.119 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, intractable, without status epilepticus
[ ] G40.201 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
[ ] G40.209 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
[ ] G40.211 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, intractable, with status epilepticus
[ ] G40.219 Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, intractable, without status epilepticus
[ ] G40.301 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
[ ] G40.311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
[ ] G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
[ ] G40.401 Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
[ ] G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
[ ] G40.411 Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
[ ] G40.419 Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
[ ] G40.501 Epileptic seizures related to external causes, not intractable, with status epilepticus
[ ] G40.509 Epileptic seizures related to external causes, not intractable, without status epilepticus
[ ] G40.802 Other epilepsy, not intractable, without status epilepticus
[ ] G40.804 Other epilepsy, intractable, without status epilepticus
[ ] G40.901 Epilepsy, unspecified, not intractable, with status epilepticus
[ ] G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
[ ] G40.911 Epilepsy, unspecified, intractable, with status epilepticus
[ ] G40.919 Epilepsy, unspecified, intractable, without status epilepticus
[ ] G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus
[ ] G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus
[ ] G40.A11 Absence epileptic syndrome, intractable, with status epilepticus
[ ] G40.A19 Absence epileptic syndrome, intractable, without status epilepticus
[ ] I45.9 Conduction disorder, unspecified
[ ] R55 Syncope and collapse
[ ] R56.1 Post traumatic seizures
[ ] R56.9 Unspecified convulsions

Prior EEG: Yes No ABN NL When: \_\_\_\_\_ Where: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CortiCare Scheduling: Appointment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_

Please send a copy of the patient's insurance card, any physician notes, and a list of medications with the referral form.

This referral constitutes an assignment of billing rights by the practice/facility/physician for the services ordered and performed by CortiCare and/or Trinity Neurodiagnostics, LLC.