



## Insurance Referral Request Form

Richardson (Renner Rd.) Clinic

Date: \_\_\_\_\_

HeartPlace and \_\_\_\_\_ have a mutual patient.

The patient listed below requires a referral to be seen by our provider.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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### HeartPlace Physicians:

|   |                       |                        |
|---|-----------------------|------------------------|
| <input type="checkbox"/> Richard Ammar, MD                | Cardiology & Vascular | <b>NPI:</b> 1245210327 |
| <input type="checkbox"/> Biren Parikh, MD, FACC           | Cardiology            | <b>NPI:</b> 1265501985 |
| <input type="checkbox"/> Adam Reynolds, MD                | Cardiology            | <b>NPI:</b> 1851658900 |
| <input type="checkbox"/> Sumeet Chhabra, MD               | Electrophysiology     | <b>NPI:</b> 1548479827 |
| <input type="checkbox"/> Olusegun Oyenuga, MD, FACC, FHRS | Electrophysiology     | <b>NPI:</b> 1033300074 |

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In our office on \_\_\_\_/\_\_\_\_/\_\_\_\_ and current DX \_\_\_\_\_

Please fax patient demographics, medical records, insurance cards and include this form as the cover sheet. Your prompt attention to this matter is greatly appreciated.

For Drs. Ammar, Parikh, Reynolds, & Oyenuga

**FAX TO**  
**844-289-7691**

For Dr. Chhabra

**FAX TO**  
**844-292-1461**

**Thank You for Choosing HeartPlace!**