



WOUND CARE CENTER REFERRAL FORM
114 Gateway Corporate Blvd, Suite 450, Columbia, SC 29203
P: 803.865.4950 F: 803.865.4955

Date of Referral: _____ Appt Date/Time: _____

General Patient Information

(circle one) Male/Female Name: _____ DOB: _____
SS#: _____ Employment: (circle one) Employed FT/PT, Retired, Disabled
Primary Address: _____
Street City, State Zip Code
Secondary Address: _____
Street City, State Zip Code
Home Phone: _____ Cell Phone: _____ Work: _____
Is the Patient in a Skilled Nursing Facility? YES / NO (circle one)
Name of Facility: _____ Phone #/Contact Person: _____

Patient Insurance Information

Primary Insurance: _____ Policy ID#: _____
Group Name: _____ Group Number: _____
Subscriber Name: _____ DOB: _____ Relationship to Patient: _____
Secondary Insurance: _____ Policy ID#: _____
Group Name: _____ Group Number: _____
Subscriber Name: _____ DOB: _____ Relationship to Patient: _____
Tertiary Insurance: _____ Policy ID#: _____
Subscriber Name: _____ DOB: _____ Relationship to Patient: _____

It is the referring office's responsibility to obtain all prior-authorizations for outpatient wound care. Insurances requiring authorizations must be obtained prior to scheduling appointments. Please contact our office with any questions regarding prior-authorizations. If patient is Self-Pay please contact our office. Please see below for codes that may require prior-authorization:

Wound Care Office Visit Codes: 99202, 99203, 99204

Wound Care Debridement Codes: 11042, 11043

Wound Care Multilayered Wraps for Leg Ulcers: 29580, 29581

Patient Wound Information/Referring Office Information

Number of wound(s): _____ Duration of wound(s) _____ days/weeks/months
Location of wound(s): _____

Has the patient been treated for this wound at another Wound Center?: YES / NO (circle one)

If Yes, Where: _____

Referring Physician Name: _____ Office Contact Name: _____
Referring Physician Specialty: _____ Phone Number: _____
Fax Number: _____

Referring Office please fax patient's recent H&P, complete medication list, recent labs or diagnostic tests, copies of Picture ID and Insurance Cards. If the patient is unable to give an accurate medical history, please instruct a family member with the information to accompany the patient to the appointment.