

CHATTANOOGA NEUROLOGY ASSOCIATES, PLLC, IPA

Hytham A. Kadrie, M.D., Sharon N. Farber, M.D., Adele B. Ackell, M.D., Thomas G. Devlin, M.D.,

Matthew H. Kodsi, M.D., Tareck A. Kadrie M.D., Sally E. Horne. M.D.

WORKER'S COMP. VERIFICATION FORM

EMG/NCS NEW PATIENT NEURO/CONSULT

PATIENT: _____ HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SSN: _____ DOB: _____ INJURY DATE: _____ DX: _____

PHONE NUMBER: _____ FAX NUMBER: _____

REFERRING DOCTOR: _____

ADDRESS: _____

WORK NUMBER: _____ FAX NUMBER: _____

PLACE OF EMPLOYMENT _____

PHONE NUMBER: _____ FAX NUMBER: _____

PERSON WHO VERIFIES _____

HUMAN RESOURCE PERSON: _____

EMPLOYMENT ADDRESS: _____

INSURANCE CARRIER OF EMPLOYER: _____

PHONE NUMBER: _____

INSURANCE CARRIER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CASE MANAGER: _____

PHONE NUMBER: _____

CLAIM ADJUSTER: _____

CLAIM NUMBER: _____

CLAIM MAILING ADDRESS: _____

DR.H. KADRIE IS NO LONGER ACCEPTING NEW PATIENT CONSULT APPOINTMENTS ONLY EMG/NCS

- | | | |
|--|--|--|
| <input type="checkbox"/> DR. HYTHAM KADRIE | <input type="checkbox"/> DR. ADELE ACKELE | <input type="checkbox"/> DR. MATTHEW KODSI |
| <input type="checkbox"/> DR. SHARON FARBER | <input type="checkbox"/> DR. THOMAS DEVLIN | <input type="checkbox"/> DR. TARECK KADRIE |
| <input type="checkbox"/> DR. SALLY HORNE | | |

APPROVED DENIED BY: _____ DATE: _____ APPT.: _____



PLEASE FILL OUT THIS FORM COMPLETELY, WITHOUT THIS FORM WE CAN NOT SCHEDULE AN APPT.

FAX BACK TO MY ATTENTION ARONNA WINSTON.

721 Glenwood Drive, Suite 467 Chattanooga, TN37404
Phone: 423-698-3423 ext 203 **Fax: 866-876-7510**