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Cognitive Wellness • General Neurology • Trauma Recovery
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Location: 9220 Overlook Dr, Temple Terrace, FL 33617

Instructions for Referring Office:

1. REFERRING CLINICIAN INFORMATION

Referring Clinician Name:

Practice Name: _____

Clinician NPI:

Phone: _____ Fax: _____

Referral Coordinator / Contact Name:

Patient Name: _____

Date of Birth: _____ Sex: ☒ M ☐ F ☐ Other

Phone Number: _____

Email Address:

Patient Address:

Urgency: Routine (Next Available) Urgent (Within 48-72 Hours)

Type of Consult Requested (Check all that apply):

Preventative / Cognitive Wellness (Baseline testing, longevity blueprint)

General Neurology (Migraines, neuropathy, movement disorders, etc.)

Trauma / Personal Injury (TBI, concussion, whiplash)

Specific Diagnosis / Clinical Notes:

[illegible]

4. BILLING & FINANCIAL INFORMATION

BraingevityMD is an out-of-network provider for commercial health plans. We provide a comprehensive superbill for patient reimbursement.

Self-Pay / Out-of-Network

Personal Injury / Auto (PIP & LOP Accepted)

Date of Injury: _____

Attorney Name: _____

Attorney Phone: _____

5. REQUIRED DOCUMENTATION CHECKLIST

Please fax the following with this form to expedite scheduling:

Patient Demographics & Copy of ID

Last 2-3 Clinical Progress Notes

Relevant Neuroimaging Reports (MRI, CT, EEG)

Relevant Lab Results

For PI Cases: Letter of Representation / LOP from Attorney

CONFIDENTIALITY NOTICE:

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