

Please fill out the form **COMPLETELY** and **LEGIBLY** to ensure efficient scheduling. Attach all pertinent records, including insurance cards, and fax them to (256) 535-9032. We will contact your patient and schedule the appointment. Per NALENT policy, we must have **INSURANCE AUTHORIZATIONS** before scheduling.

Referring Provider: _____ NPI#: _____

Phone: _____ Fax: _____

Reason for Referral: _____ (NO ICD CODES PLEASE)

Preferred Location: **Huntsville Office**
 1963 Memorial Parkway SW, Suite 5
 Huntsville AL 35801 **Madison Office**
 8337 Hwy. 72 W, Suite 301
 Madison AL 35758

Preferred Provider (Leave blank for no preference): _____

<input type="checkbox"/> Gerard Brocato, M.D., FACS General ENT: Adult/Peds	<input type="checkbox"/> Scott McCary, M.D., FACS General ENT: Adult/Peds	<input type="checkbox"/> Dr. Samih Nassif Abudinen, M.D. Head & Neck Cancer, Thyroid and Parathyroid Problems
<input type="checkbox"/> Jasper Castillo, M.D. Pediatric Otolaryngology	<input type="checkbox"/> Michael McFadden, M.D. General ENT: Adult/Peds	<input type="checkbox"/> Katie Robinson, PA-C Physician Assistant
<input type="checkbox"/> Bradley Hobbs, M.D. General ENT: Adult/Peds	<input type="checkbox"/> William McFeely, M.D. Otology/Neurology: Hearing Loss, Tinnitus, Dizziness and Balance Problems, Other Ear Problems	<input type="checkbox"/> Alexander Williams, PA-C Physician Assistant
<input type="checkbox"/> John Kostrzewa, M.D. General ENT: Adult/Peds	<input type="checkbox"/> Ken Teachey, M.D. Head & Neck Cancer, Thyroid and Parathyroid Problems	<input type="checkbox"/> Kyra Robinson, PA-C Physician Assistant
<input type="checkbox"/> Richard Martin, M.D. General ENT		<input type="checkbox"/> Jennifer Avans, NP Nurse Practitioner

ENT IS NO LONGER A PROVIDER FOR: AARP® ADVANTAGE, BLUECARE/TENNCARE, CIGNA HEALTHSPRINGS, CIGNA MEDICARE, CIGNA TOTAL CARE, GEHA, MEDICAID-OUT OF MADISON COUNTY, STUDENT HEALTH POLICIES, TRIWEST, UHC, UHC MEDICARE ADVANTAGE HMO, VA AND WELLCARE.

Patient Information:

First Name:	Last Name:	MI:
Address:		Zip Code:
Phone:	Alt. Phone:	Sex:
SS#:	DOB:	
Primary Insurance:	Contract #:	Group #:
Secondary Insurance:	Contract #:	Group #:
If the patient has additional insurance, please include in the records with the name and DOB of the policyholder.		

If you have any questions, please call us at (256) 536-9300.