Dyersburg Skin & Allergy Clinic
Forrest K. Busch, DO
1950 Cook Street, Suite B
Dyersburg, TN 38024
Phone: (731) 286-4300
Fax: (731) 286-1703 (Referral Desk)
New Patient Referral Form

Our office has become very busy with new patient referrals; therefore, we are asking all offices to utilize the attached referral form when needing to schedule an appointment for your patients. Please feel free to make copies to keep for future referrals.

Please be aware that the form will need to be legibly completed and written in its entirety before the appointment will be scheduled

When faxing this referral form, after you have filled in ALL areas of the form, it is NOT necessary to send anything other than the demographics, last office visit note, labs, and/or pathology report needed for the referral.

PLEASE INFORM PATIENTS THEY MUST HAVE INSURANCE CARD, PHOTO ID, AND CURRENT MEDICATION LIST AT THE TIME OF THEIR VISIT. THIS IS VERY IMPORTANT

As always, we thank you for the referral and hope you understand our request.

INSURANCE WE DO NOT ACCEPT:
NO NEW Tricare/TriWest Military
Cigna Connect
BCBS Silver Pathway
AmBetter
BCBS Network E
Champ VA
Missouri Medicaid (can take ONLY if secondary to Medicare)
AllWell
UHC HMO/AARP

Referral Appointment Form / Insurance Verification

Please fill out the form below, fax to our office at (731)286-1703
We will fax this back with an appointment date and time

Patient Name:_____ DOB: ____/____/____

SSN:____/____/____ Telephone: ( )_____

Primary Insurance: Aetna / BCBS / Cigna / UHC / UMR / Medicare / Tenncare / Other: _____

ID Number: _____ Group Number: _____

Secondary Insurance: Aetna / BCBS / Cigna / UHC / UMR / Medicare / Tenncare / other:_____

ID Number: _____ Group Number: _____

Please note that we are not in network with Cigna Connect, UHC Advantage, UHC Dual, BCBS Network E and Ambetter

Referring Doctor & Office: _____

Telephone: ( )_____ Fax: ( )_____

Reason For Appointment: Acne / Allergies / Dermatitis / Lesions / Psoriasis / Rash / Rosacea / Warts /

Other:_____

Scheduled Appointment Information

Date: ____/____/____ Time: _____ AM / PM

Please inform patient to bring: PHOTO ID, INSURANCE CARD(S), ALL MEDICATIONS OR LIST OF MEDICATIONS *

New patient paperwork can be found on our website: https://Dyersburgskin.com*

Thank you for the referral!

Forrest K. Busch, DO, Vonda Davis, NP, Kim Fawver, PA
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