

THRIVE WOMEN'S PRIMARY CARE CLINIC

Healthcare Professional Referral Submission

SEND REFERRALS BY CORPORATE eFAX

1-877-803-6293

Please combine the cover sheet and all supporting documents into one PDF whenever possible.

Required Referral Packet

- 1** **Cover Sheet**
Include the sending organization, sender's name, telephone number, fax number, total page count, and intended recipient: Thrive Women's Primary Care Clinic P.C.
- 2** **Patient Facesheet**
Include the patient's full legal name, date of birth, address, telephone number, email address, demographics, and emergency contact when available.
- 3** **Insurance Information**
Attach clear copies of the front and back of the patient's current insurance card and any required referral or authorization information.
- 4** **Referral Order**
State the reason for referral, requested service, diagnosis or clinical question, requested urgency, and whether the request is consultation, evaluate-and-treat, procedure/testing, medication management, or transfer of care.
- 5** **Supporting Clinical Records**
Attach relevant office notes, medication and allergy lists, laboratory results, imaging reports, pathology, Pap/HPV results, treatment history, and other records needed for the requested service.

24/7 SCHEDULING	REFERRAL SUPPORT
1-800-577-3929	patient.support@thrivewomenprimarycare.com
Patients and referring offices may call anytime.	General referral questions only. Do not email unsecured PHI.

Important: Confirm the eFax number before transmitting. Do not fax or email referrals requiring immediate evaluation. For a medical emergency, call 911 or direct the patient to the nearest emergency department.

Thrive Women's Primary Care Clinic P.C. | 4300 Paces Ferry Road SE, Suite 500, Atlanta, GA 30339
Alicia Watson, MSN, APRN, FNP-BC, AGACNP-BC

Referral information should be disclosed and transmitted in accordance with applicable privacy laws and the sending organization's policies. Submission does not guarantee appointment availability, acceptance, insurance coverage, or a specific treatment or procedure.