

Practice A Letterhead
Referral Agreement between Practice A and Practice B

Address

Phone and Hours

The specialist referral agreement is a signed acknowledgement between **PRACTICE A** and **PRACTICE B** in which they agree to coordinate patient care between the primary care physician and the specialist physician.

PRACTICE A has a documented referral process and procedure through the EMR (**vendor**). This includes timeframes for flagging overdue results, and following up with the specialist to determine the delay. At the time of the referral, **PRACTICE A** will send a referral package to the specialist which includes:

1. Consult Request (Reason for the Referral)
 2. Referral Page from the EMR – (Includes: patient health insurance, date and time of appointment, referral # from health insurance plan with # of visits, and how long it is effective).
 3. Current medications, problems and allergies of the patient.
 4. Most recent progress note.
 5. Any applicable labs, imaging or testing results.
- ***Significant changes to the patient's care will be exchanged verbally physician to physician, or through written communication.***

The appointment with the specialist will be made by:

1. The referring physician's secretary and communicated to the patient, or
2. The patient will be given the information and asked to contact the specialist directly for an appointment.

The patient is responsible for providing their health insurance information to the specialist, and for any co-pays or fees due at the time of visit.

PRACTICE B will be responsible for the following:

1. Within 1 week of seeing the patient, a progress note detailing the findings, treatment plan, or medications prescribed will be faxed to the referring physician at **PRACTICE A** (**fax #**).
2. If the patient does not show up for their initial appointment, a secretarial member of the staff will notify the referring physician.
➤ ***Significant changes to the patient's care will be exchanged verbally physician to physician, or through written communication.***

PRACTICE A will evaluate this referral agreement and patient's satisfaction with the specialist office annually, and will notify the specialist by written communication if there will be a change in the agreement.

This agreement is effective: **(DATE)** upon approval and signatures of both practices.

PRACTICE A

Address

Address

Managing Physician's Signature

Date

Practice Manager's Signature

Date

PRACTICE B

Address

Address

Managing Physician's Signature

Date

Practice Manager's Signature

Date