Dr. Meraj Siddiqui - Clinical Medical Director
Dr. Iden Cowan
Dr. Mikhail Ivanovsky
Dr. Emy Ramsay
Dr. Vadim Petrov

Dr. Ahmad Rafi – ASC Medical Director
Dr. Rob Baker
Dr. Ronald Tilley
Dr. Noadia Worku
Dr. Heather Whaley

RAPID REFERRAL FORM

Patient Name: ____ **DOB**: __________

SS#: ______________________ **Ph#1**: ___________________ **Ph#2**: ______________________

Address: ____

City: _______________________ **State**: _________________ **Zip**: ______________________

Primary Insurance Name: ____

ID#: ________________________________ **Group#**: __________________________________

Secondary Insurance Name: ____

ID#: ________________________________ **Group#**: __________________________________

Medicaid patients must have a referral from their PCP attached

Referring Physician: ____

Phone#: _____________________ **Fax#**: ____________________**Contact**: _________________

Call Center Hours: Monday -Thursday 8:00 – 5:00 Friday 8:00 – 12:00

Call Center: 501-773-6993 or 844-215-0731 Fax Line: 888-630-8885

With locations at:

LITTLE ROCK
108 N Shackleford Rd
Little Rock, AR 72211

NORTH LITTLE ROCK
4020 Richards Rd
Suite A
North Little Rock, AR 72217

WHITE HALL
8608 Dollarway Rd
(Hwy 365)
White Hall, AR 71602

CONWAY
2425 Dave Ward Dr
Suite 601
Conway, AR 72034

BENTONVILLE
1504 SE 28th St.
Suite 8
Bentonville, AR 72712

MOUNTAIN HOME
17 Medical Plaza
Mountain Home, AR 72653

BATESVILLE
1700 Harrison St
Batesville, AR 72501

SEARCY
1115 S. Main St
Searcy, AR 72143

Has this patient been seen by any of the listed providers or at any of the listed locations? Please notify us here. Provider? ____________________ Location? ____________________

Thank you for allowing us to participate in your patient's care. Please also include the patient's latest office note, recent imaging, relevant blood work and copies of front and back of insurance cards. We will contact your office when an appointment has been confirmed with the patient as well as when the patient has been seen for initial consultation.

FAX REFERRAL TO: 888-630-8885

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