



**REQUEST FOR INSURANCE REFERRAL FROM PCP**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Primary Care Physician

RE: \_\_\_\_\_ Patient Name – Printed                      Patient D.O.B.

The patient noted above has an appointment on \_\_\_\_\_ with Dr. \_\_\_\_\_ at **Main Line Fertility**. Please process referral with the following information:

<input type="checkbox"/> If <b>Keystone Health Plan East</b> Insurance ( <b>two referrals are required</b> ):			
1 <sup>st</sup> Referral:	NPI# 1669434700	DX: E28.8 Female Pt, N46.9 Male Pt	Evaluate and Treat
2 <sup>nd</sup> Referral:	NPI# 1265494306	DX: E28.8 Female Pt, N46.9 Male Pt	Evaluate and Treat
<input type="checkbox"/> If <b>Aetna</b> Insurance ( <b>one referral required</b> ):			
NPI# 1669434700			
DX: E28.8 Female Pt (unless told otherwise)			
N46.9 Male Pt			
Procedure Codes: 99213, 76830, 76817, 36415, 82670, 84144, 83001, 84702, 83002			

Referrals may be submitted electronically through Navinet.

If further information is needed, please contact the offices at:

- Bryn Mawr Location: 825 Old Lancaster Road, Suite 170, Bryn Mawr, PA 19010 PH#610-527-0800 F#610-527-9868
- Paoli Location: 11 Industrial Boulevard, Suite 100, Paoli, Pa 19301 PH#610-993-8200 F#610-993-9355
- West Chester Location: 915 Old Fern Hill Road, Building B, Suite 101, West Chester, PA 19380 PH#610-840-1500 F#610-840-0062
- Philadelphia Location: 932 Pine Street, First Floor, Philadelphia, PA 19107 PH#215-398-1733 F#215-454-6454

Thank you.