



REASON FOR APPOINTMENT:

- Treatment
- Consultation ONLY
- Referred Impairment Rating (*Denotes Designated Doctors)

PREFERRED LOCATION:

- Quarry Area
- Stone Oak
- Schertz
- Medical Center
- Westover Hills
- Brooks City Base
- New Braunfels
- Grayson Heights

PREFERRED PROVIDER:

- FIRST AVAILABLE / URGENT

NONSURGICAL ORTHOPAEDICS:

- Daniel C. Valdez, M.D.*

TOTAL JOINT REPLACEMENT:

- Ronald W. Connor, M.D.*
- Richard L. Ursone, M.D.
- Sergio Viroslav, M.D.

PAIN MANAGEMENT:

- Ephraim K. Brenman, D.O.
- Prabhdeep K. Grewal, M.D.

SPINE SURGERY:

- Adewale O. Adeniran, M.D.
- Jonathan S. Duncan, M.D.
- Matthew C. Swann, M.D.

SPORTS MEDICINE:

- B. Christian Balldin, M.D.
- S. Josh Bell, M.D.*
- Thomas M. DeBerardino, M.D.
- Robert U. Hartzler, M.D.
- G. Lane Naugher, M.D.
- Clayton W. Nuelle, M.D.
- Casey D. Taber, M.D.
- Brad S. Tolin, M.D.

FOOT AND ANKLE ORTHOPAEDICS:

- Kevin L. Kirk, D.O.
- Randall C. Marx, M.D.
- Justin Robbins, M.D.

PODIATRY:

- David Hughes, D.P.M.
- Jessica Rutstein, D.P.M.

HAND AND UPPER EXTREMITY:

- Mickey S. Cho, M.D.
- Stephen C. Drukker, M.D.
- Anthony Montanez, M.D.
- Alexander S. Rowland, M.D.
- Christian A. Woodbury, M.D.

Clinic Name: _____ Treating / Referring Physician: _____

Address: _____ Phone: _____

Referral Contact Name: _____

Patient Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

INJURIES REPORTED:

Date of Injury: _____ Is this claim currently under dispute (Yes*/No)? _____

If yes, please attach PLN (dispute letter) with referral.

Compensable and Treating Diagnosis: _____

Employer:

Address: _____
 Contact: _____
 Phone: _____
 Fax: _____

Insurance Carrier:

Address: _____
 Contact: _____
 Phone: _____
 Fax: _____

Claim Number: _____

Network: _____

Adjuster: _____

Preauthorization Phone & Fax: _____

Phone: _____ Fax: _____

Send Claims to:

- Insurance
- Employer