

**Reason For Appointment:**

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

**Preferred Location:**

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

**Preferred Provider:**

- First Available / Urgent

**Joint Replacement Surgeons:**

- Ronald W. Connor, M.D.
- Frank J. Garcia, M.D.
- Bryan W. Kaiser, M.D.
- Emmanuel C. Nwelue, Jr., M.D.
- Richard L. Ursone, M.D.
- Sergio Viroslav, M.D.

**Sports Medicine Surgeons:**

- B. Christian Balldin, M.D.
- S. Josh Bell, M.D.
- Amanda M. Ivy, M.D.
- G. Lane Naugher, M.D.
- Eloy Ochoa, Jr., M.D.
- Casey D. Taber, M.D.
- Brad S. Tolin, M.D.

**Non-Surgical Sports Medicine Physicians:**

- David R. Espinoza, M.D.

**Spine Surgeons:**

- Jonathan S. Duncan, M.D.
- Matthew C. Swann, M.D.

**Hand & Upper Extremity Surgeons:**

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

**Complex Shoulder & Elbow Surgeons:**

- Stephen T. Gates, M.D.
- Robert U. Hartzler, M.D., M.S.

**Foot & Ankle Surgeons:**

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

**Pain Management Physicians:**

- Ephraim K. Brenman, D.O., R.M.S.K.
- Charles E. Bryant, M.D.
- Brandon J. Goff, D.O.

**Podiatrists:**

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

**Chiropractors:**

- Nicholas Nira, D.C.
- Scott R. Seidel, D.C.

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