



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 Keystone Health Plan East Insurance: NPI# 1669434700 DX: E28.8 Female Pt, N46.9 Male Pt Evaluate and Treat
<input type="checkbox"/> If Aetna Insurance: 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
- Havertown Location: 2010 West Chester Pike, Suite 350, Havertown, PA 19083 PH#610-853-1112 F#610-446-1425
- West reading Location: 301 S. 7th Avenue, Suite 375, west Reading, PA 19611 PH#484-258-2880 F#484-258-2886

Thank you.