

Neurosurgery & Pain Specialists of the Carolinas, P.C.

O. Del Curling, Jr., MD, MBA

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Referral Request for Medicolegal Cases (W/C, MVA, personal injury, etc.)

Please type or legibly print all of the requested information, or designate N/A as appropriate. This form may be printed and mailed via US mail to the Winston Salem address above, faxed to 336/450-1001, or preferably saved and emailed to Scheduling@NeurosurgeryandPainSpecialists.com. The designated payor will receive additional information thereafter necessary to proceed with scheduling. Thank you.

Note that all initial medical evaluations for medicolegal cases referred to N&PS are seen solely by Dr. Curling (i.e., not a PA, FNP, or other mid level provider). Further evaluation and treatment in the practice may be offered after the initial service, if requested/authorized. If a specific service or procedure is not available within the practice, Dr. Curling will facilitate referral/scheduling and provide follow up thereafter as appropriate. If it is unclear whether an evaluation of a particular patient by Dr. Curling is appropriate, we would recommend that you contact us to discuss the specifics of the situation. While we do not routinely require that records be submitted for review prior to requesting an appointment, we may do so in these situations in order to determine the appropriateness of a referral.

Patient/Claimant:

Name:

Address:

Phone (home):

Phone (mobile):

Email address:

SSN:

Birthdate:

DOI (date of injury):

Injury related to: NC Work Comp Other state W/C Fed W/C Comp

MVA Non-MVA personal injury Malpractice Other

Employer:

Problem (diagnosis and/or reason for referral):

Insurance Co. Adjuster or other 3rd party Payor:

Name:

Company:

Address:

Phone:

Fax:

Email:

Case file number:

Case Manager:

Name:

Company:

Address:

Phone:

Fax:

Email:

Carrier's Attorney (defense):

Name:

Company/firm:

Address:

Phone:

Fax:

Email:

Patient's Attorney (plaintiff's):

Name:

Company/firm:

Address:

Phone:

Fax:

Email:

Scheduling specifics:

- Case manager attending appt? Yes No Not sure
- Appointment requested by: Adjuster Case Manager MD
 Sched. Co. Patient Def atty Plaintiff atty Other
- Payment to be made by: Adjuster Case Manager MD
 Sched. Co. Patient Def atty Plaintiff atty Other
- All records and studies (*actual films/CDs, not just written reports*) must be received prior to the appt or appt may be cancelled and subject to cancellation fees—records no later than 2 days prior and studies no later than time of appt
- Note that signed authorization (memorandum of understanding) and prepayment must be received in our office prior to scheduling of initial appointments or services—if you are not the payor requesting this referral, that information will be forwarded to the payor designated above, and you will be contacted to proceed with scheduling once the necessary information has been received in our office.