

Cedar Bridge Pediatrics



249 South Main Street, Suite #2 • Barnegat, New Jersey 08005
Phone: 609-607-1010
Fax: 609-607-9992

Referral Request Form

Date Requested: _____ Appointment Date & Time: _____

Patient's Name: _____

Date of Birth: _____ Phone Number: _____

Insurance Company: _____ ID # _____

Specialist's Name: _____ Specialty: _____

Specialist's NPI Number: _____ Specialist's Phone #: _____

Specialist's Address: _____

Reason for Visit: _____ Medical Diagnosis: _____

If your child's insurance is an HMO, POS or any other managed care plan, you are responsible to obtain referrals for all specialist's appointment's and procedures to avoid being responsible for payment to the specialist or facility. Please consult you plan's benefit book or your employer for more information.

Referral requests will not be issued without complete information. Please allow 3 to 5 business days for processing, as we may need to obtain pre-certification from your insurance company.

We do not mail referrals. You may pick up from our office or if you have portal access we can make it portal ready so you can print out at your convenience. Please remember to bring the referral with you to your specialist's appointment.

Same day referrals will not be issued unless it is determined that the visit is an emergency.

We will not back date referrals. In the event you should forget to bring the referral to your child's appointment, the specialist's office may require you to reschedule the appointment.